

**BUSINESS EMERGENCY PLANNING ALLIANCE
MEMBERSHIP APPLICATION**

Date of Application: _____
Name of Organization: _____
Street Address: _____

City, State, Zip Code: _____

PRIMARY Contact: _____
Phone Number: _____
Fax: _____
Email: _____

SECONDARY Contact: _____
Phone Number: _____
Email: _____
Number of Employees: _____

Check if Non Profit 501C3 Agency: _____
(Please include your 501C3 status documentation with application)

Annual Membership Levels *(Please check one):*

Basic Membership: _____ Over 50 employees (\$250.00)
 _____ Over 50 employees - 501C3 (\$125.00)
 _____ Under 50 employees (\$125.00)
 _____ Under 50 employees – 501C3 (\$75.00)

Premium Membership: _____ Any Company Size (\$500.00)
 _____ Any Company Size – 501C3 (\$350.00)

For information on BEPA sponsor membership, please call (217) 787-7602.

Method of Payment:
(Please check one)

_____ Check _____ Credit Card* _____ Invoice Me

**(If Using a Credit Card):*
Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____
Signature: _____

Please return to:

American Red Cross
Illinois Capital Area Chapter
Attn: BEPA
1045 Outer Park Drive
Springfield, IL 62704