



MEMBERSHIP APPLICATION FORM

RESIDENTIAL MEMBERSHIP

BSBPA Resident Membership: \$25/year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

WEB LISTING (optional)

Would you like your name listed as a supporter on the Association's website?

Yes, only list name.

Yes, list name and ... (circle all that apply)

Address Phone Email

No, thank you, please do not list me on the website.

Please mail this form with your check to:
BSBPA, P.O. Box 386, Ballston Spa, NY 12020
Phone: (518) 885-BSPA (2772)
Membership signup and payment option also available online.
www.ballston.org info@ballston.org

BUSINESS/NON-PROFIT MEMBERSHIP

BSBPA Business Membership: \$150/year

BSBPA Non-Profit Membership: \$50/year

CONTACT:

Contact Name: _____

Business/Organization Name: _____

Business/Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Social Media (please list links):

Facebook: _____

Twitter: _____

Instagram: _____

LinkedIn: _____

Other: _____

GIFT CERTIFICATE Yes, this organization wishes to participate in the Gift Certificate Program. The program is free to participate in. All gift certificates used at your business can be redeemed at face value at all Ballston Spa National Bank branches.

MEMBER BENEFIT CARD DISCOUNT: Yes, this organization wishes to offer a discount to BSBPA members who present their member benefit card. Typical discount is 10% or can be an offer or discount of a business' choosing. Indicate Discount here:
