

PAYMENT FORM



South Carroll
BUSINESS ASSOCIATION

Business Name: _____

Main Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email Address: _____ Web Address: _____

Purchase Information: *(please check all that apply)*

- Annual SCBA Membership: \$110.00
- Lunch Sponsorship: \$100.00 Month Reserved: _____ *(please call for availability)*
- Monthly Newsletter Sponsor: \$150.00 *(for 12 months — please email us your logo)*
- Annual SCBA Sponsorship: *(please see the benefits page for details)*
 ___ Partner: \$2,500 ___ Liberty: \$2,000 ___ Associate: 1,000
- Annual Directory Advertisement:
 ___ Full Page: \$175 ___ Full Page Outside Back Cover: \$300 *(only 1 available)*
 ___ Half Page: \$100 ___ Full Page Inside Back Cover: \$300 *(only 1 available)*
 ___ Business Card Size: \$60 ___ Half Page Inside Front Cover: \$150 *(only 2 available)*
 ___ Half Page Inside Back Cover: \$150 *(only 2 available)*

Ads are sold by a first-come, first-serve basis... please contact us for availability so we may reserve your space.

Payment Information:

TOTAL: \$ _____

- My check is enclosed *(payable to South Carroll Business Association)*
- I would like to make my payment via credit card. (Visa, MC, Disc & AMEX)

Credit Card Number: _____

Expiration Date: _____ (month/year) Security Code: _____

Billing Address: _____

Name on Credit Card: _____

Please mail this completed form with payment to:

South Carroll Business Association — P.O. Box 1401 — Eldersburg, MD 21784

For more information, please email us at info@southcarroll.org