



MEMBERSHIP APPLICATION

Category (Circle One): Association – Organization – Business

Name of Entity: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ FAX _____ Website _____

Primary Contact _____

E-Mail _____

Additional Contact(s) _____

E-Mail(s) _____

Annual membership dues... Check column

✓	Type of Entity	If Annual Gross Revenue is	Then Dues Are
	Association -- 501(c)(5) or 501(c)(6)	\$1,000,000 or less	\$ 500
		between \$1,000,001 and \$2,500,000	\$ 1,000
		\$2,500,001 or more	\$ 2,500
	Organization -- 501(c)(3), 501(c)(4) or 527		\$ 1,000
	Business	\$1,000,000 or less	\$ 250
		between \$1,000,001 and \$20,000,000	\$ 3,000
		between \$20,000,001 and \$100,000,000	\$ 5,000
		\$100,000,001 or more	\$10,000

Payment Enclosed: \$ _____ Date _____

Make Check Payable to & Mail to: BCFC

1856 Old Reston Avenue, Suite 205, Reston, VA 20190
 P: 703-787-6665; F: 703-787-7550; www.governmentcompetition.org

Thank you for submitting your application and payment!

Please amplify BCFC's voice by referring a prospective association, organization, or business to join:

Prospect _____ Contact e-mail _____

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