



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 _____

Annual membership dues... Check column

X

	Association (501(c)(5) or 501(c)(6))? Your annual gross revenue is	Then, your dues are
	\$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)	Then, your dues are \$1,000
	Business? Your annual gross revenue is	Then, your dues are
	\$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**
10340 Democracy Lane, Suite 300, Fairfax, VA 22030
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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