

direct*CONNECT Partnership Application

Direct*CONNECT is an exclusive leads generation and business relationship building program. We currently have 2 groups. Both meet from 12pm – 1pm. Chamber partners at the Community Partner level and above are invited to join *direct*CONNECT* for an annual fee of \$100. One partner per category.

☐ I wish to join *direct*CONNECT* 1 (meets Tuesdays from 12 – 1pm in the Chamber conference room)

☐ I wish to join *direct*CONNECT* 2 (meets Thursdays from 12 - 1pm in the Chamber conference room)

Contact Information (print clearly)

BACC Referring Partner: _____

Last Name: _____ First Name: _____

Mailing Address: _____, _____, OR, _____

Cell Phone: _____ Email: _____@_____

Community Partner of the BACC(Company Name): _____

CATEGORY: _____ (see list on back side – subject to review and approval)

PAYMENT: Payment is due at the time of application and will be held or not processed until acceptance into the program.

☐ I have included payment of \$100 in the form of a check (attach).

☐ Here is my credit card information ☐ Mastercard ☐ Visa ☐ American Express

Name as it appears on card: _____

Billing Address (if different than mailing above): _____

Credit Card Number: _____

CVV number on back: _____, Expiration Date: _____

My signature below indicates I have read and fully understand and agree to abide by the *direct*CONNECT* guidelines, annual fee and program requirements.

Signature: _____ Date: _____

A program of the



☐ Payment Received _____

☐ Membee _____

☐ Roster _____