



Application for Membership

CORPORATE COMPANY INFORMATION	
Organization:	Website:
Address:	City: State/Province: Postal Code:
Country:	
Email:	Phone: Fax:
-inait.	Thoric.
NAICS Code:	Our present business has been established years.
PRIMARY CONTACT	T INFORMATION & MEMBERSHIP CATEGORY
First Name:	Last Name: Phone No.:
Professional Title:	E-Mail:
Active Member Category:	Manufacturer Supplier Associate
	IL INTERNATIONAL. It is understood and agreed that this membership will be maintained for at least one year and may be lewal, on a year to year basis unless the member notifies the Executive Director of their intention to resign prior to the close of ed by the Board of Directors.
The PRIMARY CONTACT will be the	e designated person authorized to vote on BCI Membership matters on behalf of your company.
We manufacture the following	products related to the battery industry:
We distribute on a: Local	Interstate National Scale
We do do not expor	
Should another person at the comp	pany receive a copy of the annual invoice? Yes, listed below No, thank you
First Name:	Last Name: Phone No.:
Professional Title:	Email:
ADDITIONAL PERSO	ONNEL CONTACT INFORMATION
First Name:	Last Name: Email:
Professional Title:	EHS Manager Catalog Manager Chief Technology Officer Marketing Lead
First Name:	Last Name: Email:
Professional Title:	EHS Manager Catalog Manager Chief Technology Officer Marketing Lead
First Name:	Last Name: Email:
Professional Title:	EHS Manager Catalog Manager Chief Technology Officer Marketing Lead
First Name:	Last Name: Email:
Professional Title:	EHS Manager Catalog Manager Chief Technology Officer Marketing Lead
Data Book Committee Deep	o receive more information or participate in one of BCl's Committees, please indicate below: p Cycle & Electric Vehicle Battery Committee