



Allied Membership Application

PLEASE TYPE OR PRINT ALL INFORMATION EXACTLY AS IT IS TO APPEAR IN ALL BSCAI RECORDS

COMPANY INFORMATION

NAME OF COMPANY

ADDRESS

CITY / STATE / ZIP CODE

COUNTRY

COMPANY TELEPHONE NUMBER

COMPANY FAX NUMBER

COMPANY WEB SITE

Number of Employees at Your Company: (Please select one)

- Less than 10
- 11 – 50
- 51 – 100
- 101 – 250
- More than 250

Services Your Company Provides: (Please select all that apply)

- Commercial
- Schools
- Retail
- Restaurants
- Hospitals/Health Care
- Residential
- Industrial
- Other: _____

CONTACT INFORMATION

OFFICIAL CONTACT'S NAME

TITLE

OFFICIAL CONTACT'S E-MAIL ADDRESS

SIGNATURE OF OFFICIAL COMPANY CONTACT

DATE

BSCAI ALLIED MEMBER CATEGORY (Please select one category that best represents you)

In-house Professional Member: An individual (janitor, custodian, housekeeper, etc.) that is employed by a facility and is not part of an outside that provides business services to building service contractors, in-house professionals or other end-users. Membership includes two subscriptions to *Services* magazine.

Dues: \$145 annually

Type of facility you maintain:

- Primary Education Facility
- Secondary Education Facility
- Hospital
- Health Care (not hospital)
- Federal/State Government
- Other: _____

Subscribing Member: An organization or individual interested in membership and not qualifying for Professional, Franchisor, Manufacturer, Consultant, Distributor, Affiliate, In-house Professional or Association Membership. This category includes, but is not limited to, building owners, facility managers, industrial engineers, architects, libraries, vocational schools, etc. Membership includes two subscriptions to *Services* magazine.

Dues: \$145 annually

Association Member: An organization or individual interested in membership and not qualifying for Professional, Franchisor, Manufacturer, Consultant, Distributor, Affiliate, In-house Professional or Association Membership. This category includes, but is not limited to, building owners, facility managers, industrial engineers, architects, libraries, vocational schools, etc. Membership includes two subscriptions to *Services* magazine.

Dues: \$200 annually



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NAME OF COMPANY _____

BSCAI MEMBER CODE OF ETHICS

- To operate constantly in accordance with the best and fully accepted ethical business practices...
- To comply with all applicable laws and federal, state and local government regulations...
- To provide all services and products at fair, equitable and non-discriminatory charges...
- To furnish adequate equipment, qualified personnel and products of high quality to achieve and maintain the highest standard of performance...
- To provide courteous and prompt handling of all requests and complaints...
- To recognize and respect the legal right of competitors in the true spirit of individual initiatives and free competitive enterprise...
- To strive for continued improvement of the image and reputation of the industry by good business practices and enlightened public service in the community...
- To contribute regularly to the improvement of the industry's public reputation...
- To participate loyally in the industry's growth and progress through the activities and public interest efforts of the association.

In signing this BSCAI membership application, the applicant agrees to adhere to the BSCAI Code of Ethics shown above and authorizes BSCAI to periodically send association information and other items of interest, via mail, e-mail or fax. This may be revoked with written notification.

I have read and agree to follow the BSCAI Member Code of Ethics. I authorize BSCAI to send me information regarding the Association.

PAYMENT INFORMATION

Non-refundable dues payment must accompany this application. Dues payments are 100% tax deductible as an ordinary and necessary business expense for Federal tax purposes. Checks must be made payable to BSCAI and forwarded with a completed application.

Please indicate payment:

- Check Enclosed MasterCard VISA American Express

CREDIT CARD NUMBER

EXPIRATION DATE

NAME ON CREDIT CARD

SIGNATURE

HOW DID YOU HEAR ABOUT BSCAI? (check all that apply)

- Referred by friend/colleague: _____
- BSCAI e-mail: _____
- BSCAI direct mail: _____
- Industry publication: _____
- Industry Web site: _____

JOIN TODAY

MAIL this application: BSCAI, 401 N. Michigan Ave., Suite 2200, Chicago, IL 60611

FAX this application: 1-312-673-6735

ONLINE application: www.bscai.org

CALL 1-800-368-3414

www.bscai.org