



The Business Council
of New York State, Inc.
12 Corporate Woods Blvd., Ste. 17
Albany, New York 12211
www.bcnys.org
518.465.7511

MEMBERSHIP APPLICATION

Date _____

PLEASE PRINT CLEARLY OR TYPE

Company Name: _____

Address _____
STREET CITY STATE ZIP CODE

Tel: () _____ Fax: () _____ Website: _____

Primary Billing contact: _____
NAME TITLE

Tel: () _____ ext. _____ E-mail: _____

Business address: (same as above) _____

Highest ranking NYS executive: _____
NAME TITLE

Tel: () _____ ext. _____ E-mail: _____

Business address: (same as above) _____

Legislative contact: _____
NAME TITLE

Tel: () _____ ext. _____ E-mail: _____

Business address: (same as above) _____

Human Resource contact: _____
NAME TITLE

Tel: () _____ ext. _____ E-mail: _____

Business address: (same as above) _____

List primary business classification or SIC Code: _____ NAICS Code: _____

BUSINESS CATEGORY: Family-Owned Privately-Held Partnership LLC MWBE 501 (c) 3 Not-for-Profit
 Publicly-Traded Stock Symbol _____

For Insurance Fund use:

Dues Calculation

Enter current total number of NYS full-time employees: _____ Group Number: _____

- If fewer than 31, your company's investment is the minimum of \$335.
- If greater than 30, please see the proposal for the investment amount.

Investment Amount: \$ _____

Portions of your non-refundable dues payment are allocated toward annual publication subscriptions for your designated recipients for *The Business Council Connect* \$35. Consult with your tax advisor as to the deductibility of subscription expenses. E.I.N. # 14-1401680