

THE ROCK - BUSINESS MEMBER FORM

New Upgrade

Date _____

Staff Member _____

CONTACT INFORMATION

Contact name _____

Business name _____

Work phone _____ Cell phone _____

Business address _____

City _____ State _____ Zip _____

Contact email _____ Business Website _____

Contact for logs (if different) _____ Email _____

TYPE OF MEMBERSHIP - MONTHLY

SINGLE \$50 100 Mentions / Year

DOUBLE \$100 200 Mentions / Year

TRIPLE \$150 300 Mentions / Year

MESSAGE GUIDELINES

For identification purposes only. **DO:** Use organization's name; describe your main products and services; website; make value-neutral statements; years in business, location. **DON'T:** Use comparative, advantages, prices or savings, first or second person, calls to action; advocate any matter of public interest; phone numbers.

PAYMENT How would you like to pay your support - VISA, MasterCard, or American Express?

1. MONTHLY PAYMENTS: VISA MasterCard AMEX EFT (Bank card or EFT is required)

2. ONCE-A-YEAR PAYMENTS Bank Card EFT Check

Remaining months this year _____ months X \$50 single \$100 double \$150 triple = _____

Next year's invoice will be sent in December for the upcoming year.

Date initial invoice sent for check-paying supporters _____

Card number _____ - _____ - _____

Expiration mo/yr _____ / _____ C V V code - back of card _____

Name on card _____

EFT: Bank Name _____ Routing # _____ Account # _____

For Office Use Only

Email @ message First draft _____

Recording sent to Member _____

Member confirmed script date _____

Date first airing _____

Voice talent name _____

Date details sent to accounting _____

Script sent to voice & production date _____

In E-tap _____

Date message voiced _____

Google doc updated _____