



BETTER HOME HEAT COUNCIL OF THE LEHIGH VALLEY

1 East Broad Street, Suite 130-163, Bethlehem, PA 18018

Phone: (610) 422-3386

www.bhhclv.org

FULL MEMBERSHIP APPLICATION

TO THE BOARD OF DIRECTORS:

We hereby apply for membership in your association, and if accepted, agree to pay dues according to the annual dues schedule listed below. (Membership applications shall be passed upon by the Board of Directors).

Company: _____ Date of Incorporation or Inception of Business: _____

Physical Address: _____ County: _____

Mailing Address: _____ Website: _____

Phone Number: _____ Email: _____

Company Representative & Title: _____

Representative Email: _____ Representative Phone Number: _____

Officers (& Board of Directors if Applicable) _____

Type of business engaged in: _____

Products and/or services: _____

Authorized Signature: _____ Date: _____

DUES STRUCTURE:

\$.001 PER GALLON OF RESIDENTIAL HOME HEATING OIL DELIVERED ANNUALLY

MINIMUM OF \$ 375.00, MAXIMUM OF \$ 3000.00

NUMBER OF GALLONS: _____ (RATE: \$.001 PER GALLON)

TOTAL AMOUNT DUE \$ _____ REMIT TO: PO BOX 613, EMMAUS, PA 18049