



BAPA Verified Trades Referrals Application

To become an official BAPA Trades Referral member, please submit the annual \$150 membership fee along with this completed form. Once confirmed, your information will be included online in our Business Directory and Trades Referrals section, known as the BAPA List. We will also include your information on a referral sheet at the BAPA office for phone inquiries. Should you have any questions, please contact Anna Fratto at 773-233-3100.

BUSINESS NAME

CONTACT NAME

BUSINESS ADDRESS



DO NOT PUBLISH THIS ADDRESS. (FOR BAPA USE ONLY)

TELEPHONE FOR LISTING:

TELEPHONE FOR BAPA FOLLOW-UP, IF DIFFERENT:

EMAIL FOR LISTING:

EMAIL FOR BAPA COMMUNICATION, IF DIFFERENT:

WEBSITE URL:

SOCIAL MEDIA URLS:

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

TYPE OF BUSINESS:

DESCRIPTION OF SERVICES AND SERVICE AREAS:

KEYWORDS:

FOR OFFICE USE ONLY

DATE: _____



PAST MEMBER



NEW MEMBER

OFFICE FOLLOW UP: _____

NOTES:

Please submit 3 references below OR attach 3 written letters of recommendation. You also may email references to reception@bapa.org. In the Subject line, please include your business name and the word "reference". This information is for BAPA's internal use only and will not be published or shared with third parties.

REFERENCE 1

NAME _____

DATE OF SERVICE (MONTH/YEAR): _____

ADDRESS

DESCRIPTION OF SERVICES PERFORMED:

YES, BAPA MAY CONTACT THIS REFERENCE FOR VERIFICATION

SIGNATURE: _____

NAME PRINTED: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

REFERENCE 2

NAME _____

DATE OF SERVICE (MONTH/YEAR): _____

ADDRESS

DESCRIPTION OF SERVICES PERFORMED:

YES, BAPA MAY CONTACT THIS REFERENCE FOR VERIFICATION

SIGNATURE: _____

NAME PRINTED: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

REFERENCE 3

NAME _____

DATE OF SERVICE (MONTH/YEAR): _____

ADDRESS

DESCRIPTION OF SERVICES PERFORMED:

YES, BAPA MAY CONTACT THIS REFERENCE FOR VERIFICATION

SIGNATURE: _____

NAME PRINTED: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____