

Boulder Independent Business Alliance

MEMBERSHIP APPLICATION

As a BIBA member, you are part of a grassroots effort that informs consumers of the importance of shopping locally. You are also strengthening your competitive advantage by aligning yourselves with a pertinent and marketable value and by participating in a collaborative marketing effort (See Questions & Answers).

ANNUAL MEMBERSHIP RATES

Supporter	\$ 50
Member	\$200
Sponsor (cash & in-kind)	\$500
Advocate (cash & in-kind)	\$1,000
Sustaining (cash & in-kind)	\$2,500
Benefactor (cash only)	\$3,500

MEMBERSHIP INCENTIVE PLAN

There is strength in numbers! Recruit a new BIBA member and receive a \$25 credit against your future membership (maximum of 2 new members). Copy a membership application, write your name in the referral space below and *pass it along!*

Referred By:

Name: _____

Business: _____

****JOIN FOR THE FIRST TIME, FIRST YEAR, special rate: \$100!!!**

GUIDELINES FOR MEMBERSHIP - *What is a locally owned independent business?*

1. Private ownership
2. Owned in majority by area (within 60-mile radius) resident(s)
3. Full decision-making function for the business lies with its owner(s)
4. No more than 6 outlets; bases of operation lie within a single state

MEMBER INFORMATION – Please complete entire section

Business

Street Address

City, State, Zip

Owner

Manager or Contact

Work Phone

Email Address*:

Web Site Address

Hours of Operation

Community Benefit Card Discount Offer**:

Business Description

**BIBA does not sell or share member information. We depend on email addresses as our primary means of communication*

***The BIBA Community Benefit Card is a loyalty program that introduces new customers to your business and raises additional funds for BIBA's worthwhile efforts. For an idea of discount opportunities, refer to the BIBA GUIDE. Participation is encouraged but not required. Members are entitled to one complimentary card each year. Employees of member businesses may purchase the card for \$5 (retail price: \$15)*

Membership Type:

Annual Dues

Supporter (\$50/year)

Member (\$200/year)/ FIRST TIME, FIRST YEAR \$100

Sponsor (\$500/year)

Advocate (\$1,000/year)

Sustaining (\$2,500/year)

Benefactor (\$3,500)

Renewal Date (one year from application)*

*Members will be invoiced on the first of day of the renewal month.

Memberships that are not renewed within 30 days of the renewal date will result in expiration.

Payment Options & Methods of Payment

(1) Annual Check: Amount: _____ Check Number: _____

(2) Monthly Payments:

Total Due: _____ Quarterly Payment: _____ Date to Begin _____

(3) Credit Card:

Name as it appears on card: _____

Card Type: VISA / Mastercard Expiration Date: ____/ ____

Card Number: _____

Billing Address for Card (if different from above):

Signature (Required): _____

MEMBERSHIP AGREEMENT

I, _____, agree to fulfill my membership with BIBA by the following means:

- Recognize that my membership and involvement with BIBA reflects an important long-range strategic view at how we maintain a sustainable local economy
- Be an advocate for the Alliance through acknowledging that quality service, participation and integrity are vital keys to our united success
- Promote the future of the Alliance by participating in BIBA programs and activities and referring other local businesses
- Notify BIBA of any issues or changes I have with my membership and promptly renew to save our united resources.
- Inform my employees of my membership, and ask BIBA for help, if needed, informing them of benefits and sales.
- Stock our BIBA Guide in a recognizable location (preferably at the point of purchase and restock it as needed. I understand that through our joint efforts to market and promote our homegrown businesses, we will all benefit.

I have read and agree to the following principles of my membership. I also understand in the event I fail to pay my dues and in the event of any legal action concerning this agreement, which results in a judgment, the losing party shall pay to the prevailing party reasonable attorney fees and court costs to be fixed by the court.

Signature _____ Date: _____

Mail completed application to:

BIBA
2525 Arapahoe Ave, Suite E4-121
Boulder, CO 80302