

MEMBERSHIP APPLICATION

BUSINESS NAME: _____

MEMBERSHIP OPTIONS:

Business Member \$150
 \$25 discount if you sign up for payment by ANNUAL auto debit.
 Or spread out your payments. Quarterly auto debit schedule (\$37.50 each quarter):
 January-April-July-October
 February-May-August-November
 March-June-September-December

Non-Profit Members \$ 50
 Farmer/Food Producer \$ 50

Affiliate Member \$150
 Affiliate members do not qualify as "locally-owned independent businesses" and do not receive advocacy, marketing, or promotional benefits.

PAYMENT INFORMATION:

Business Membership or
 Non-Profit Membership: _____

Total _____

Payment Method

- Check
 Automatic Debit
 Credit Card

Contact us about display ads in our full color Local Guide

Information for Alliance website and printed Local Guide:

BUSINESS ADDRESS _____ SUITE _____ ZIP _____

BUSINESS PHONE _____ WEBSITE: _____

DAYS AND HOURS OF OPERATION: (Be specific: is your business open Saturday and Sunday, or Monday-Friday only and hours each day) _____

BUSINESS CATEGORY: _____

(PLEASE see Alliance website or printed guide for category list. DO NOT LEAVE BLANK-call our office if you have questions)

PLEASE PROVIDE A SHORT DESCRIPTION OF YOUR BUSINESS: 20-WORD MAXIMUM

INFORMATION FOR OFFICE USE ONLY: WE DO NOT SHARE YOUR PERSONAL INFORMATION.

Mailing address (if different than business address) _____ ZIP _____

Owners: _____ and _____

Primary contact person: _____ Cell phone: _____

E-mail address _____ FAX _____

PLEASE CONTACT US ABOUT THE FOLLOWING:

- Co-op advertising in local media
 Business sponsorship/tax deductible contribution
 Volunteer opportunities
 Web advertising or on-line merchandise sales
 In-kind donation of goods or services
 Advertising in our Local Guide



Customer Signature _____ Date _____