BoulderIndependentBusinessAlliance

720-565-3854 • 1202 Folsom St. •Boulder, CO 80302 • BIBA@BOULDER-IBA.ORG

Business

Hours of Operation

Street Address*

City, State, Zip*

BIBA Card Incentive

Business Description

Owner*

Manager or Contact*

Work Phone

General Email

Members Personal Email*

Website

Location Description/Neighborhood

Membership Type	Annual Dues	Payment Cycle	Payment Method	Renewal Date	Invoice Date	Quarter to Renew

Participation & Distribution

Circle :

Coffee Cups	❑	Indep. Advertise	❑	Newsletter	Questionaire
Shopping Bag	❑	Newsletter	❑	1st Guide	Inkind Contract
Opt In Email	❑	Socials	❑	Update	
				Employees	

Additional Information

Cards Purchased/Distributed

Date Company Began

First Payment Due: $

R

NM

T

A

CC

Notes on Membership/ Reason for Joining

Trade Agreement: *(if applicable)*

Standard Rate:

Bold fields are for the guide: *required by BIBA

Payment Options & Method of Payment

- **Annual Check** Amount_____Check Number_____

- **Monthly Payments(Atlas)**(Preferred)
  Bank Name: _____ Acct. #: _____

  Total Due_____ Monthly Payment_____ Date to Begin_____

Please attach a voided company check from the account for initial processing by Atlas Systems.

NOTE: If you bank at a Credit Union, you must verify with your institution the correct bank routing and account numbers for use with pre-authorized drafts on your account.

I hereby authorize a monthly bank draft on the account designated above, not to exceed the amount agreed to by me above, until the balance is paid in full. I understand that a 0% service will be added to my payment and that I can pay off the remaining balance at any time without penalty. ☐ Agree

- **Credit Card**
  Name as it appears on card:_____Type_____
  Card Number: _____ Expiration Date: ____/ _____
  Billing Address for Card (if different from above): _____

☐ Renew with Credit Card

☐ Signature for Credit Card ☐ Signature for Atlas ☐ Check Received

_____ _____/_____/_____
SIGNATURE DATE

MEMBERSHIP AGREEMENT

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

I will:
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 attending annual meetings and by voting for and/or participating with the Board of Directors.

I will also notify BIBA of any issues I have with my membership and promptly address my renewal 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

_____ _____/_____/_____
BIBA Staff DATE

Return by fax or mail: Fax 303-443-4847 1202 Folsom St. Boulder, CO 80302

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1202 FOLSOM, BOULDER, COLORADO 80302 • 720-565-3854 • WWW.BOULDER-IBA.ORG • FAX: 303-443-4847

New Member Questionaire

Please fill in this form and return to your Membership Representative or the BIBA offices.

1. How is your business battling against chains?

2. If your business is not competing against chains, how can you help independent businesses that are?

3. Is your business facing other challenges that BIBA can address through programs or advocacy?

4. What forms of marketing do you use? Are any of these methods useful for BIBA to apply to a broader market?

5. What other organizations do you belong to?

6. Do you have monthly/quarterly staff meetings? When are they held? May a BIBA representative attend to learn more about the challenges facing your business?

7. What makes your business unique? Why did you start your business in the first place?

8. What forms of group purchasing will you be intereseted in participating in?