

BIBA MEMBERSHIP APPLICATION

PERSONAL INFORMATION *(FOR OFFICE USE ONLY)

Name:		
Current address:		
City:	State:	ZIP Code:
Phone		

BUSINESS INFORMATION

Business Name		
Main Location Address:		Multiple Locations?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Ownership %		Website:

BUSINESS DESCRIPTION

SIGNATURES

I agree to fulfill my membership with BIBA, and to participate accordingly within the organization as best I can.	
Signature of applicant:	Date:
I would like my email posted on the BIBA website Y N	

ANNUAL MEMBERSHIP RATES FOR NEW MEMBERS*

\$	Business Membership	\$100 (January 1 – March 31)
		\$ 75 (April 1 – June 30)
		\$ 50 (July 2 – September 30)
		\$ 25 (October 1 – December 31)
\$	Individual Friend of BIBA	\$ 25
\$	Associate Friend of BIBA	\$100

*YEARLY MEMBERSHIP IS DUE ON JANUARY 1ST.

GUIDELINES FOR MEMBERSHIP

1. Independent ownership (privately held, not publicly traded)
2. An independent business owned and operated in greater Belknap Area of NH
3. The greater Belknap Area is defined by the following towns (including but not limited to) Laconia, Gilford, Belmont, Meredith, Tilton, and Sanbornton
4. Owner must reside within 30 miles of the registered BIBA **headquarters**
5. Businesses are limited to a maximum of six (6) locations. Exceptions will be reviewed on a case by case basis by the membership committee.
6. Owner must have full decision-making power for business
7. Must receive full approval of BIBA board
8. Membership dues (\$xxx) paid in full

