

*	Independent Business Member Application
	Individual Supporting Member Application
	Supporting Business Member Application

Date:	Membership A	Application	
		Busine	ss Phone:
Business Fax:	Business Address:		
Owner(s) Name:		(Cell Phone:
Email Address:	Website:		
Type of Business (ret	ail, restaurant, service, etc.):		# of Employees:
Business Start Date:	Owner's Birthdate	e (day/month):	
First IBA, PO Box 20	n a quarterly basis (4 payments). Ma 004, Las Vegas, NM 87701		
Please check one:	Independent Business Members &20+ employees16-20 employees11-15 employees6-10 employees1-5 employeesIndividual Supporting Member	\$ 200.00 annually \$ 175.00 annually \$ 150.00 annually \$ 125.00 annually \$ 100.00 annually	individual Members
Please provide 30-50	words describing your business for u	ise on LVF's website an	d Over the Back Fence.
Owner's Signature:		Print Nar	me:

- * What is a Local Independent Business? AMIBA's recommended criteria are:
 - 1. Private, worker, community or cooperative ownership.
 - 2. At least 50% locally-owned (definitions of "local" will be evaluated individually by LVFIBA).
 - 3. Decision-making authority is vested in the local owners and not subject to conditions dictated remotely.
 - 4. The business has a limited number of outlets and limited geographic range (Evaluated individually by LVFIBA).

LVFIBA does accept membership from businesses & individuals that do not qualify under these guidelines. These supporting members are afforded all the benefits of membership except for voting privileges. Non-profit organizations will receive membership without paying dues as long as reciprocal membership is extended to LVFIBA.