



Membership Application

Business Name _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone _____ Fax _____

Email _____ Web Site _____

Type of Business _____

Number of Full-Time Employees _____ Referred by* _____

- | | |
|---|-----------|
| Membership Categories: | dues only |
| <input type="checkbox"/> Business with 1-5 employees | \$150 |
| <input type="checkbox"/> Business with 6-10 employees | \$250 |
| <input type="checkbox"/> Business with 11-25 employees | \$300 |
| <input type="checkbox"/> Business with 26-50 employees | \$350 |
| <input type="checkbox"/> Business with 51 or more employees | \$400 |
| <input type="checkbox"/> Individual membership | \$150 |

Payment by Cash Check Invoice

Businesses you can refer to TIBA*

Name _____ Business Name _____

Address _____ Email _____

Name _____ Business Name _____

Address _____ Email _____

* TIBA members receive a \$25 credit on their dues for every new member who joins TIBA as a result of their referral.