



# 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:	2011 dues only	2011 dues and all membership lunches
<input type="checkbox"/> Business with 1-5 employees	\$100	\$200
<input type="checkbox"/> Business with 6-10 employees	\$200	\$300
<input type="checkbox"/> Business with 11-25 employees	\$250	\$350
<input type="checkbox"/> Business with 26-50 employees	\$300	\$400
<input type="checkbox"/> Business with 51 or more employees	\$350	\$450
<input type="checkbox"/> Individual membership	\$100	\$200
<input type="checkbox"/> Youth membership	\$25	\$125

Payment by  Cash  Check  Invoice  MasterCard or VISA

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit CSC Code \_\_\_\_\_

Signature \_\_\_\_\_

### 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.

Return to TIBA, c/o Sharon DuBois, P.O. Box 1403, Topeka, KS, 66601-1403.  
Questions? Call or email Sharon DuBois, 785-783-2897, [tiba@topekaiba.org](mailto:tiba@topekaiba.org).