



316 SW Washington Ave
 Corvallis, OR 97333 | www.communityiba.org
Community Independent Business Alliance

Business Membership Application

Business Membership in CIBA is open to any local independent business operated by Corvallis and surrounding area residents with substantial authority to make independent decisions about their business operations. CIBA’s Mission and our Goals Statement are included with this application for your reference.

Business Name

Owner/Officer	Title	City of Residence
---------------	-------	-------------------

Manager or Contact for CIBA (if not owner)	City of Residence
--	-------------------

Business Street Address, City, State, Zip	Mailing Address (if different than street address)
---	--

Business Phone	Home Phone (optional)
----------------	-----------------------

General business email	Member Representative email
------------------------	-----------------------------

Website	FaceBook	Twitter	Pinterest
---------	----------	---------	-----------

Please describe your business:

Business membership in CIBA is open to local, independent businesses. Each application for membership is reviewed against the following.

Statement of Criteria

The CIBA Bylaws state: Business Membership in CIBA is open to any local business operated by Corvallis area residents with substantial authority to make independent decisions about their business operations.

Components of Criteria

- Geographic: Business has a local mailing address
- Ownership: The owner is a local resident and owns more than 50% of the business. Co-ops may be included.
- Decision-making: The owner has full decision-making authority. (Includes advertising, purchasing, design, appearance, product mix/formulas, personnel, etc.)
- Multiple locations: The business must be headquartered in the Corvallis area.

Does your business meet the above components of our local, independent criteria:

_____ **Yes, meets all** _____ **Yes, meets some**

Continued on reverse



316 SW Washington Ave
 Corvallis, OR 97333 | www.communityiba.org
Community Independent Business Alliance

Please explain if you answered “Yes, meets some” of the above Components of Criteria.

Annual Business Member rates:

- 1-14 FTE employees \$100 per year
- 15-49 FTE employees \$200 per year
- 50-99 FTE employees \$500 per year
- 100+ FTE employees \$1,000 per year

Membership Agreement

I agree to:

- Inform my employees of my membership in CIBA and help them understand how to promote locally owned, independent businesses. (CIBA can offer support, if needed.)
- Prominently display the CIBA logo in my business and make CIBA Membership Guides available to my customers. I understand that through our joint efforts to market and promote our homegrown businesses, we will all benefit.
- Promote quality service and integrity as key components in the mutual success of CIBA and my business.
- Promote the future of CIBA by voting for the Board of Directors, and as able, take advantage of other opportunities to participate in CIBA. Such opportunities would include attending CIBA sponsored events and membership meetings, and participating on advisory committees or the Board of Directors.
- Notify CIBA if I should have any issues with my membership.
- Promptly remit my renewal and dues to save our combined resources.

Business Owner / Officer / Manager Signature	Title	Date
--	-------	------

I was invited to join by CIBA member _____

Approved by CIBA Board of Directors:

CIBA Membership Committee Representative	Date
--	------

Send application and membership fee to: Community Independent Business Alliance, c/o A & S Accounting, 316 Washington Avenue, Corvallis OR 97333. Or consider using the Bill Pay option through your bank (please inform us if you are selecting this payment method). Questions? 541-757-1945; info@CorvallisIBA.org.

All membership applications and continuation of memberships are subject to CIBA Board discretion and approval. A membership packet will be provided to you upon acceptance of membership and deposit of dues.

Payment Receipt: Date _____ Check # _____ Treasurer’s Initial: _____

Mission Statement

The Community Independent Business Alliance is a voluntary, cooperative effort of independent, local businesses who use education, networking, advocacy, and citizen involvement to help our community prosper and contribute to a diverse, healthy, and stable local economy.

Goals

1. Take the lead in Buy Local First activities in our community to increase awareness of the valuable role independent local businesses have in creating and maintaining a thriving, sustainable local economy.
2. Influence local government to develop policies, rules, and regulations that encourage and nurture a pro-independent local business environment to reach our community's goal of Buy Local, Invest Local, Produce Local.
3. Use the combined strength of our members, partners and supporters to promote the success of all local independent businesses in our community.