

CORPORATE MEMBERSHIP APPLICATION

Corporate memberships are available to multiple business brokers within the same corporation. Each primary contact of a corporate membership will be listed in a separate corporate membership listing. They are entitled to all individual member privileges. Each additional broker from the same member firm will be listed as an individual and are entitled to the same member privileges. If a company has multiple offices, as long as they are all owned by that same company, all offices will be able to share one corporate membership. **NO REFUNDS OR SUBSTITUTIONS WILL BE ISSUED FOR EMPLOYEE TERMINATIONS WITHIN A CORPORATE MEMBER FIRM.**

I. ANNUAL DUES (Memberships are for a calendar year and will expire on 12/31 of each year)

- Corporate Membership (includes primary contact) \$649
- Additional Associates \$299 (each)

*Corporations joining after June 15th can join for a prorated price of \$389. Each individual pays \$179.
*Corporations and additional associates that join during the Fall Conference pay full 2009 dues rates and receive membership through the following year.

II. CORPORATE MEMBER INFORMATION (to be completed by primary contact)

Please provide the information below as you would like it to appear in the IBBA Directory:

COMPANY: _____

WHAT TYPE OF ORGANIZATION IS YOUR AGENCY?

- CORPORATION
- PARTNERSHP
- SOLE PROPRIETORSHIP
- OTHER

NAME (Primary Contact): _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/MAIL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

IBBA MEMBER REFERRAL*: _____

AFFILIATE REFERRAL*: _____

**New Members may credit one IBBA Member and one Affiliate (i.e. State/National Associations, etc.) for their referral. For New Members Only.*

III. ADDITIONAL ASSOCIATES INFORMATION

NUMBER OF ADDITIONAL ASSOCIATES FROM SAME CORPORATION _____ x \$299 = \$ _____

Please complete the company roster with names and contact information for each additional broker member.

IV. PAYMENT INFORMATION

- CHECK
- VISA
- MASTERCARD
- AMEX.

Make checks payable to IBBA. All corporate members and additional associate memberships must be paid by a corporate check or credit card and company roster must be completed for membership consideration.

AMOUNT: \$649 + _____ (Additional Memberships) = **TOTAL AMOUNT \$** _____

ACCOUNT NUMBER: _____ EXP: _____

SIGNATURE: _____

PLEASE COMPLETE FORM AND RETURN WITH PAYMENT TO:
INTERNATIONAL BUSINESS BROKERS ASSOCIATION
4365 PAYSHERE CIRCLE
CHICAGO, IL 60674
OR FAX FORMS WITH CREDIT CARD INFORMATION TO IBBA HEADQUARTERS: (312) 673-6599
FOR QUESTIONS, CALL THE IBBA AT: (888) 686-IBBA (4222)

COMPANY ROSTER

Please include all contact information for each additional broker from same corporate member firm. If more than five additional brokers should be listed under the same corporate member firm, please attach additional roster.

1. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____

2. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____

3. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____

4. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____

5. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____