



A P P L I C A T I O N

Please fill out one form for each location. All membership applications are subject to board approval.

Legal Business/Organization Name: _____

Business/Organization Name (if different): _____

Address: _____

City/State/Zip: _____

Phone: _____

Website: _____

Email Address: _____

Contact Name(s): _____

Category Suggestion: _____

Business Description (for future directory; can submit on separate sheet): _____

Your signature below indicates that your business meets the following criteria:

- Base of business operations is in St. Joseph County, Indiana.
- Privately owned.
- Owned in majority by a resident(s) of St. Joseph County or bordering counties at least 6 months of the year.
- If there is more than one location, the base of operations or main corporate office resides in St. Joseph County, Indiana.
- Business owners are autonomous to make decisions about the business at all levels, including the name, look and feel of business (signage, logo, facade, menu, etc.), products or services carried or produced, where inventory is purchased, marketing and advertising, accounting and legal services, and distribution of profits.

SIGNATURE OF BUSINESS OWNER

DATE

Please make check payable to ShoLo Independent Business Alliance, Inc.

- Individual Supporter: \$25
 - Business Member: \$120 (per location)
 - Nonprofit Member: \$60
 - Community Organization: \$50+
 - Sustaining Member: \$500+ (per location)
- Amount enclosed: \$ _____

.....

SHOLO USE ONLY:

DATE APPLICATION RECEIVED: _____ CASH CHECK # _____

PAYMENT RECEIVED: \$ _____

- WEBSITE LISTING UP
- LETTER/DECAL(S) SENT _____
- THANKYOU/LOGO EMAIL SENT ON _____
- INSERTS DELIVERED ON _____