

Membership Application



Business Name _____ Referred By _____

Business Location (Street Address) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website Address _____

Mailing Address if different than above) (P.O. Box) _____

Primary Contact _____ Title _____ email _____

Secondary Contact _____ Title _____ email _____

Please list on the back of this application (or attach a separate page) all employees of your company, other than the primary and secondary contact, that may attend our meetings.

Product or Service Description (20 words or less, use back of form if necessary)

Business is: Home-Based Woman-Owned Minority-Owned Latino-Owned

Website Listing:

As a service to our membership, your business information will be available on our website via a drop down menu of services. What information would you like to be made available to the public?

Address Contact Name _____ Website address Phone Number I do not wish to be listed publicly

Please Note: All of your business, address and service information will be available to our Membership.

Membership Levels/Dues

Yearly membership begins when payment is received by the Longmont Small Business Association and continues for one year. Membership covers all employees of the company. Number of employees refers to full time equivalent.

Small Business Member:

LEVEL 1 • 1-5 Employees • \$120/yr LEVEL 3 • 11-25 Employees • \$240/yr LEVEL 5 • 101-200 Employees - \$400/yr
 LEVEL 2 • 6-10 Employees • \$180/yr LEVEL 4 • 26-100 Employees - \$300/yr

Supporting Member:

Businesses of 201 or more employees that fall into the following categories (or individuals that are not representing a business interest). This is a non-voting membership level.

Educational Institution • \$500/year Financial Institution • \$500/year Governmental Agency • \$500/year
 Hospitality • \$500/year Independent Locally-Owned • \$500/year
 Individual • \$50/year

Affiliate Member:

An entity which does not fall under any of the above definitions. This is a non-voting membership level. • \$2000/year

Think Local First Participant (1 year participation for independent, locally-owned Longmont businesses – see packet for details)

Think Local First - \$80/year

Please make checks payable to: Longmont Small Business Association

Remit to: Longmont Small Business Association

357 Main Street #1

Longmont, CO 80501

Contact the LSBA at 303-532-2868 or LSBA@LongmontSBA.org with questions.

Member Signature _____ Date _____