

# 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 15<sup>th</sup> 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**  
**8305 SOLUTIONS CIRCLE**  
**CHICAGO, IL 60677-8003**  
**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: \_\_\_\_\_