

### Associate Membership Application

**Associate membership** is open to community members who do not own an independent local business, but who are interested in supporting the mission and goals of CIBA. CIBA's Mission and Goals Statement is included with this application for your reference.

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Name

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Street Address, City, State, Zip Email Address

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Work Phone Home Phone (optional)

**Please describe your interest in CIBA:**

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**There will be opportunities to be involved with CIBA.**

Although Associate Members may not vote for members of the Board of Directors, they are welcome to attend the regular board meetings. The Board welcomes interested Associate Members to apply for an open position on the Board. Associate Members are also encouraged to participate on CIBA committees and be involved in all CIBA activities. Regular CIBA newsletters will announce openings on committees and opportunities to participate in efforts to help promote the interests of locally owned, independent businesses.

If you would like to actively participate in CIBA, place a check mark next to those items that would interest you. Since CIBA operates through the combined efforts of volunteers, any desired participation would require a fairly high level of self-motivation.

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| <input type="checkbox"/> Producing a newsletter                            | <input type="checkbox"/> Serving on a CIBA committee                       |
| <input type="checkbox"/> Introducing CIBA to prospective business members  | <input type="checkbox"/> Introducing CIBA to prospective associate members |
| <input type="checkbox"/> Distributing CIBA information at community events |  |
| <input type="checkbox"/> Other (please specify) _____                      |  |

**Annual Membership Dues:** Associate Membership \$25.00

### Membership Agreement

I agree to:

- Promote the future of CIBA by taking advantage of opportunities to participate in CIBA, as I am able.
- Notify CIBA if I should have any issues with my membership.
- Promptly remit my renewal and dues to save our combined resources.

Check here if you agree to have your name listed on the CIBA Web site as an associate member.

I have read and agree to the above membership agreement and to the mission and goals of CIBA

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Signature Date

Approved by CIBA Board of Directors:

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CIBA Membership Committee Representative Date

**Please send application and membership fee to:** Corvallis Independent Business Alliance, c/o A & S Accounting, 316 SW Washington Avenue, Corvallis OR 97333. Questions? 541-752-0047 or [info@CorvallisIBA.org](mailto:info@CorvallisIBA.org)

All membership applications and continuation of memberships are subject to CIBA Board discretion and approval. Membership materials will be mailed to you upon acceptance of membership and deposit of dues.

Payment Receipt: Date \_\_\_\_\_ Check # \_\_\_\_\_ Treasurer's Initial: \_\_\_\_\_

## **Mission Statement**

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

## **Goals**

1. Increase community awareness of the value of supporting independent, local businesses.
2. Increase patronage of independent, local businesses.
3. Provide members with the advantages of cooperation without compromising independence.
4. Influence local government policies to encourage and nurture an environment for independent, local businesses.
5. Encourage diversity of choice and character in the independent, local business community.
6. Increase the number of independent, local businesses in our community.
7. Encourage and support independent, local business alliances in neighboring communities.
8. Invite independent, local businesses to join CIBA.

Adopted 5-12-02

**Visit our website at [www.CorvallisIBA.org](http://www.CorvallisIBA.org)  
For more information contact CIBA at [info@CorvallisIBA.org](mailto:info@CorvallisIBA.org) or call 541-752-0047**