



Capital Area
Independent
Business Alliance

PO Box 2254
Springfield, IL 62705

email:
info@ibuyspi.com

www.ibuyspi.com

**Criteria for CAIBA
voting member status:**

Independently owned /
operated

50% or more local
ownership

Not part of a franchise

Decision making
authority is local

I will work on a
committee. My talents
and interests include:

___ recruiting /
communicating with
members

___ consumer
awareness of Local First

___ special events

___ legislative advocacy

___ other

SELECT MEMBERSHIP TYPE

- Business member – \$100 per year
- Community member – \$35 per year
- Sustaining member \$ _____ or In-kind services \$ _____

INFORMATION (please print)

Business name: _____

Mailing address: _____

City / State / Zip _____

Physical address: _____

City / State / Zip _____

Phone: _____

Fax: _____

Business facts: _____ # Employees _____ Year founded

Corporation Privately held Non-profit

LLC Partnership

Primary contact: _____

Business title: _____

Daytime phone: _____

Secondary phone: _____

Email: _____

Web address: _____

Signature

_____ Date: _____

Paid Cash Check No: _____ Please send an invoice