

# MEMBERSHIP APPLICATION

## Directory and Newsletter Listing

As a standard or Enhanced Member, the information you give us on the reverse of this form will appear in the following places. If you want to omit any of your information from any of these venues, please write your instructions below. (For example: "Leave me off the website" or "Omit fax from directory.") Note that evening telephone numbers will never be published. The Alliance does not trade or sell its mailing list.

- EBBPA web site, available internationally through the Internet
- Alliance Connections, the annual directory distributed to the public
- The new/renewing member column in the monthly Alliance newsletter
- Similar opportunities that arise to promote our members

## Types of Memberships and Payment

EBBPA is a 501(c)6 nonprofit organization, and contributions/purchases are not considered charitable gifts. However, your membership may be deductible as a business expense.

<b>Standard Membership</b> Benefits: directory listing, monthly newsletter, eligibility for professional development groups and leads groups, eligibility to serve on and vote for Board, discounts on events, more.	<b>\$91</b>
<b>Additional Member</b> For additional individuals who work for/with a full member, such as an employee or business partner. Benefits: this person's name will be listed along with the primary member's name in the directory and newsletter.	<b>\$45</b>
<b>Nonprofit Membership</b> For nonprofit organizations. Benefits: same as standard membership.	<b>\$45</b>
<b>Silver Membership</b> All the benefits of standard membership plus business card ad, plaque and special recognition.	<b>\$500</b>
<b>Gold Membership</b> All the benefits of standard membership plus half page ad, two t-shirts, plaque and extensive recognition.	<b>\$1,000</b>
<b>Platinum Membership</b> All the benefits of standard membership plus prominent full page ad in the directory, two tickets to the holiday party, two t-shirts, plaque and prime recognition.	<b>\$1,500</b>

## Payment

My check (made payable to EBBPA) is enclosed

This is a new membership

Renewal

Please charge my MasterCard

Visa

American Express

Discover Card

CARD No.

EXPIRATION DATE

SIGNATURE

## Remittance

Mail or Fax  
this form.

### MAIL TO:

EBBPA  
Post Office Box 20980  
Oakland, CA 94620

### FAX TO:

Georgia D'Antonio  
510.336.0250

# INFORMATION

**BUSINESS NAME (IF ANY)** \_\_\_\_\_

**MEMBER'S NAME** \_\_\_\_\_

**MEMBER'S TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT)** \_\_\_\_\_

**TELEPHONE (DAY)** \_\_\_\_\_ **(EVENING)** \_\_\_\_\_

**FAX** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**WEBSITE HTTP://WWW.** \_\_\_\_\_

**PROFESSIONAL LICENSE NUMBER (IF YOU ARE REQUIRED TO LIST THIS IN PROMOTIONAL MATERIALS)** \_\_\_\_\_

**25 WORD DESCRIPTION OF YOUR BUSINESS OR SERVICE. THIS WILL BE PUBLISHED IN THE ALLIANCE DIRECTORY.**

\_\_\_\_\_

\_\_\_\_\_

## BUSINESS TYPE

You will be listed in the directory under the category you check here. If you want to be listed in more than one category, you will have to pay an additional listing fee during the directory ad sales process.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accountants (CPAs)            | <input type="checkbox"/> Computers & Technology        | <input type="checkbox"/> Mediation                     |
| <input type="checkbox"/> Acupuncture                   | <input type="checkbox"/> Construction & Contractors    | <input type="checkbox"/> Medical Equipment             |
| <input type="checkbox"/> Art & Framing                 | <input type="checkbox"/> Dentists                      | <input type="checkbox"/> Naturopathic Doctors          |
| <input type="checkbox"/> Attorneys                     | <input type="checkbox"/> Erotica                       | <input type="checkbox"/> Nutritional Counseling        |
| <input type="checkbox"/> Automotive                    | <input type="checkbox"/> Events                        | <input type="checkbox"/> Pet Care                      |
| <input type="checkbox"/> Bars                          | <input type="checkbox"/> Financial/Investment Planning | <input type="checkbox"/> Photography                   |
| <input type="checkbox"/> Bed & Breakfasts              | <input type="checkbox"/> Fitness                       | <input type="checkbox"/> Pregnancy & Childbirth        |
| <input type="checkbox"/> Bookkeepers                   | <input type="checkbox"/> Florists                      | <input type="checkbox"/> Psychotherapists              |
| <input type="checkbox"/> Bookstores                    | <input type="checkbox"/> Garden Care & Design          | <input type="checkbox"/> Publications                  |
| <input type="checkbox"/> Business Opportunities        | <input type="checkbox"/> Graphic Design                | <input type="checkbox"/> Real Estate & Mortgages       |
| <input type="checkbox"/> Business Support & Consulting | <input type="checkbox"/> Hair & Skin                   | <input type="checkbox"/> Restaurants, Cafes & Bakeries |
| <input type="checkbox"/> Chiropractors                 | <input type="checkbox"/> Herbolgoy                     | <input type="checkbox"/> Security                      |
| <input type="checkbox"/> Cleaning                      | <input type="checkbox"/> Home Improvement              | <input type="checkbox"/> Tax Services                  |
| <input type="checkbox"/> Coaches                       | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Travel                        |
| <input type="checkbox"/> Counselors                    | <input type="checkbox"/> Landscape Architecture        | <input type="checkbox"/> Veterinarians                 |
| <input type="checkbox"/> Community Services            | <input type="checkbox"/> Legal Services & Paralegals   | <input type="checkbox"/> Writing                       |
|  | <input type="checkbox"/> Massage & Bodywork            |  |

## SERVICE COMMITMENT

Each member is expected to commit a minimum of (4) hours of service to the organization each year. Please check the Alliance events and activities where you would like to donate your four hours. An Alliance volunteer will contact you to get you involved.

- |   |                                     |   |
|---|-------------------------------------|---|
| <b>Programs</b>   | <b>Publications</b>                 | <b>Governance &amp; Administration</b>        |
| <input type="checkbox"/> Professional Development Groups Leader | <input type="checkbox"/> Directory  | <input type="checkbox"/> Board of Directors   |
| <input type="checkbox"/> Leads Groups Leader                    | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Baseball Fundraiser  |
| <input type="checkbox"/> Open Houses                            | <input type="checkbox"/> Web site   | <input type="checkbox"/> Mailings             |
| <input type="checkbox"/> Holiday Party                          |                                     | <input type="checkbox"/> Technology Committee |
| <b>Membership</b>   | <b>Community Relations</b>          | <input type="checkbox"/> Phone Tree           |
| <input type="checkbox"/> Voice mail                             | Street Fairs                        | <input type="checkbox"/> Database             |
| <input type="checkbox"/> Membership Committee                   | Media Relations                     | Other _____                                   |

## Referrals

These business and professional people may be interested in joining the Alliance. You may use my name when contacting them.

<b>NAME</b> _____	<b>NAME</b> _____
<b>ADDRESS</b> _____	<b>ADDRESS</b> _____
<b>BUSINESS</b> _____	<b>BUSINESS</b> _____
<b>TELEPHONE</b> _____	<b>TELEPHONE</b> _____
<b>WHERE DID YOU HEAR ABOUT THE ALLIANCE?</b> _____	

## Authorization

The information provided on this form is accurate to the best of my knowledge. I authorize the EBBPA to use the information as outlined above.

**SIGNATURE** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_