AAIBO

"To Protect, Preserve and Promote the Interests of Small Business"

Abilene Association of Independent Business Owners

Membership Application

Date:_____ Company:_____

Contact:_____ Title:_____Telephone: _____

Mail Address:_____ City:_____, TX ZIP:_____

Fax: (_____) _____

Email Address: _____

1st Annual Contribution: $ _____ **AAIBO is a Texas 501(C)(6) not-for-profit corporation**

*AAIBO **requests** members invest a minimum of $150.00 per year up to a maximum of $2,500.00 per year; your choice! We request that you pay a minimum of $150 for 1-5 employees and pay more if you are a larger company.*

Please check the box that applies:

☐ Publicly Traded ☐ Privately Owned Other: _____

Year Business Established: _____

Total Number of Employees in Company/Business: Full-time _____Part-time _____

- ❑ I understand that by providing the email and/or fax number above AAIBO is authorized to send, receive and communicate with me or my company as a member via emails/faxes sent by or on behalf of AAIBO.

_____ _____ _____

Main Contact Name (please print) Email Signature

_____ _____

Additional or Secondary Contact Name Secondary Email

P.O. Box 7062, Abilene, Texas 79608-7062 **Fax: (325) 698-0398**

Email: info@aaibo.com **Website: www.aaibo.com**