



Member Registration Form

Your Name	
Name of Business	
Type of Business	
Street Address	
City/State/Zip	
Office Phone	
Cell Phone	
Email Address	
Web Site	
How did you hear about the IBA?	
Why are you interested in joining?	
What would you like to see this group do?	
Can you help on a committee?	
Your Birthdate	
Comments	

Drop off to any IBA officer or mail to:

IBA
PO Box 694
Independence, KY 41051

Annual Dues
\$75 for Independence businesses
\$100 for those outside the city