

**YES!** *I'd like to join the*

**www.ibaw.com**

Independent Business Association of Wisconsin

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Date: \_\_\_\_\_ # Employees \_\_\_\_\_

Type of Business: \_\_\_\_\_

Senate District: \_\_\_\_\_ Assembly District: \_\_\_\_\_

I'd like occasional information via E-Mail

E-Mail Address: \_\_\_\_\_

Primary reason for joining IBA:

Benefits  Networking  
 Political Advocacy  Educational Programs

**Annual Membership Dues**  
(Based on Number of Employees)

<u>1-5</u> <u>employees</u>	<u>6-15</u> <u>employees</u>	<u>16-25</u> <u>employees</u>	<u>26-49</u> <u>employees</u>	<u>50+</u> <u>employees</u>
\$205	\$265	\$360	\$455	\$570

- My dues of \$ \_\_\_\_\_ payable to IBA are enclosed.
- Bill my  MasterCard  Visa  
Acct. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Thank you! Please return to IBA:

1400 E. Washington Avenue, Suite 282

Madison, WI 53703

800/362-8027

ssobiek@ibaw.com