



Membership Application

Name on Permit	Permit #
Name of Business (DBA)	
Mailing Address	Contact Name
City, State, Zip	Email
Business Address	Business Phone
City, State, Zip	Cell Phone

Annual Dues Structure

ILBA Membership **\$295.00**
 (Includes State, National (ABL), and lobby fund)

*Dues paid to the ILBA may be deducted as an ordinary business expense
 EXCEPT for \$25 due to nondeductible lobbying activities*

___ I am enclosing a check for \$ _____

___ I am paying by Visa, MasterCard, Discover or American Exp. \$ _____

Credit Card # _____ Exp. Date _____

Name on Card _____ Signature _____

Please send completed application with check made payable to ILBA and mail to address below
 or completed application with credit card information to
 Indiana Licensed Beverage Association
 150 West Market Street, Suite 712
 Indianapolis, IN 46204
 317-638-5663