



Indiana Licensed Beverage Association
Membership Application
for additional location
(applies after 1st location is paid at regular price)

Name on Permit _____ Permit # _____

Business Name (DBA) _____

Mailing Address _____ Contact Name _____

City, State, Zip _____ Email _____

Business Address _____ Phone _____

City, State, Zip _____ Cell _____

Annual Dues Structure

ILBA Membership	\$125.00
(Includes: State & National (ABL) \$100 & Local \$25.00)	
<u>Optional Lobby Fund</u>	<u>\$25.00</u>
Total	\$150.00

_____ Enclosing a check for \$ _____

_____ Paying by Visa, MasterCard, Discover or AMEX. \$ _____

Credit Card # _____ Exp. _____

Date _____

Name on Card _____

Please send completed application with check made payable to **ILBA**
Or fax completed application with credit card info to 844-273-7467

Indiana Licensed Beverage Association
150 West Market Street, Suite 712
Indianapolis, IN. 46204