



Membership Application

Date: _____
Business Name: _____
Address Line 1: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Email:** _____
Website: _____
Facebook/IG/Other Social Media: _____

Year Established: _____
Days/Hours of Operation: _____

Contact Name: First: _____ **Last:** _____
Contact Phone: _____
Contact Email: _____

MEMBERSHIP DUES: We have several categories, and distinguish business tiers by number of employees.

Individuals/Home-Based Solopreneur (No Brick & Mortar) - \$60 / yr

Solopreneur with Brick & Mortar / 1-5 Employees - \$120 / yr

6-15 Employees - \$180 / yr

16+ Employees - \$240 / yr

Corporate Members – Not an independent business. No voting rights. \$1000 / yr

Non-Profit Members – Exempt from payment with MOU of reciprocal representation.

PLEASE SUBMIT YOUR PAYMENT ONLINE AT WWW.LVFIBA.ORG OR BY CHECK TO:

Las Vegas First

P.O. Box 2004,

Las Vegas, New Mexico 87701-2004

Please provide 30-50 words describing your business: _____
