

# COLORS Membership Application

## Personal/Contact Information

- *All membership levels are required to provide this information.*
- Contact information is for COLORS communications only. We will never share this information with anyone, ever.
- **Individual Memberships:** this section is all you have to fill out!

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail is our primary form of communication.

**Please check this box if you prefer to be contacted by *PHONE*.**

*If applying for an individual membership, you're done!*

*Mail check to address at bottom of application. Thanks!*

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For **Business** or **Associate** Members, the following information will be displayed on the COLORS website and printed directory:

- Business Name
- Business Category
- Address
- Phone(s)
- E-mail
- Website
- Description
- Hours
- Member Discount (standing offers only)

*Please fill in the following information.*

*If you have any questions, e-mail [info@colorsalliance.org](mailto:info@colorsalliance.org) or call (573) 239-1550.*

**Business or Association Information**

**Type of Membership** (Business or Associate) \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Category** (please choose from drop-down list on website) \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Business Phone(s)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Website** \_\_\_\_\_

**Description (50-word limit)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets as necessary.

**Member Discount** (standing offers only) \_\_\_\_\_

\_\_\_\_\_  
**Business Hours** \_\_\_\_\_

***Second Location\****

**Business Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Business Phone(s)** \_\_\_\_\_

**Hours** \_\_\_\_\_

*\*If your business has **more** than 2 locations, include additional location information on a separate sheet.*

## **Membership Agreement** *(for Business and Associate memberships)*

**I agree to fulfill my membership with COLORS by the following means:**

- Recognize that my membership and involvement with COLORS reflects an important long-range strategic view at how we maintain a sustainable local economy.
- Be an advocate for COLORS through acknowledging that quality service, participation, and integrity are vital keys to our united success.
- Promote the future of the Alliance by participating in COLORS programs and activities and referring other local businesses.
- Notify COLORS of any issues or changes I have with my membership and promptly renew to save our united resources.
- Inform my employees of my membership, and ask COLORS for help, if needed, informing them of benefits.
- Stock our COLORS Guide in a recognizable location (preferably at the point of purchase) and restock it as needed. I understand that through our joint efforts to market and promote our homegrown businesses, we will all benefit.

I have read and agree to the principles of my membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Annual membership dues:**

**Business: \$125**

**Associate: \$100**

**Individual: \$15**

**Your membership starts the month we receive your payment.**

**Make check out to: COLORS**

**Mail to: COLORS**

**P.O. Box 184**

**Columbia, MO 65205**

If you have any questions, e-mail [info@colorsalliance.org](mailto:info@colorsalliance.org), or call (573) 239-1550.

Thank you for helping keep Columbia unique, diverse and COLORful!