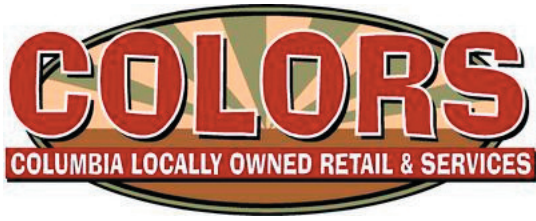


Associate Membership Application



COLORS
P.O. Box 184
Columbia, MO 65205
www.colorsalliance.org
info@colorsalliance.org

Columbia **L**ocally **O**wned **R**etail & **S**ervices' (COLORS) mission is to educate the public about the many ways all of us can support a strong local economy as well as protect Columbia's diversity by shopping at locally-owned independent businesses. COLORS Associate Members are community-based non-profit groups who care about the quality of life in Boone County. Associate Members enjoy the same benefits of membership as Business Members.

Please mail your check for \$125 to COLORS, P.O. Box 184, Columbia, MO 65205

Name of Organization _____

Type of Organization _____

Director/Contact Name _____

Mailing Address _____
street city state zip

Phone Number(s) _____

Email Address* of Contact Person _____

*EMAIL IS OUR PRIMARY FORM OF COMMUNICATION. DO YOU PREFER TO BE CONTACTED BY PHONE? YES

Website _____

Business Hours _____

Description of Organization (40 words, to be included in our Buying Guide and website) _____

Office Use

Amount received: \$ _____ on ___/___/___ referred by _____