

Great Lakes Independent Booksellers Association Affiliate Business Membership Application

Company _____ Website _____

Contact Name _____ Title _____

Address _____ City, ST, Zip _____

Email _____ Phone _____ Fax _____

Business Type: Publisher ___ Rep Group _____ Wholesale ___ Distributor ___ Sidelines ___ Author _____

Additional Contact Information: In order to make sure the right people receive our information, please email Deb Leonard at deb@gliba.org with the following information:

- Sales reps in our region (IL, IN, KY, MI, OH, WI). Please include email addresses
- Any other staff member you would like to include in our database
- Any blogs, newsletters, websites, or other media connections you want to share with booksellers
- Are you familiar with the Book Industry Charitable Foundation? Y N Would you like to receive information about it? Y N

Payment Information: \$175 per company

Check enclosed: ___ Credit Card Number _____ Expiration Date _____

Name of Cardholder _____ Security Code _____



Thank you for your membership!

Deborah Leonard, Executive Director
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deb@gliba.org