



GLIBA MEMBERSHIP APPLICATION 2019

Membership Category

The membership year runs from January through December. Please choose a membership category below.

How did you hear about GLIBA?

Bookseller Member

Dues are \$150 per year.

An independent retail business whose primary business is to sell books to consumers, and is regionally owned, private held, and has book sales comprising at least 51% of total revenue. These are voting members and are eligible to serve on the Board of Directors.

Individual Member

Individuals who have a significant interest in the book industry in the Great Lakes region, such as booksellers, prospective booksellers, sales representatives, publishing company personnel, authors and librarians. These are not voting members and may not serve on the board of Directors.

Bookstore Name:

Owner's Name:

Owner's email address:

Manager's Name:

Manager's email address:

Mailing Address:

Street address (if different from mailing address):

City:

State:

ZIP:

Phone:

Fax:

Store Information

Currently Operating a Bookstore

Is yours a general bookstore? Yes No

Is yours a specialty bookstore?
If yes, please indicate type of specialty below:

Store Data

Year Store Opened: _____

Year Current Owner Purchased Store: _____

Square Footage: _____

Square Footage devoted to Books: _____

Number of Titles Stocked: _____

Used Books % of Titles Stocked: _____

Total number of employees:

Full-time: _____ Part-Time: _____

Point of Sale/Inventory Software:

What percentage of orders do you place with:

Publishers: _____% Wholesalers: _____%

Yes No

Do you receive in-store sales rep visits?

Do you have telephone sales reps?

Do you sell books on-line?

Do you sell e-books?

Do you host book clubs?

Book club info on your website?

Does your store have:

a café? a coffeeshop? other?

If "other", please describe:

Bestselling non-book item:



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Online Data:

Website: _____

Instagram: _____

Facebook: _____

Twitter: _____

Blog: _____

Does your store produce a newsletter? Yes No

If Yes: print online

(If yes, please add larry@gliba.org to your mailing list)

Affiliations:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you belong to the ABA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an IndieBound Member? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you report to IndieBound Bestsellers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you report to the NYT Bestsellers? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an IndieCommerce website? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a member of ABFFE? | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in a "Buy Local" consortium? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, name and webstie of consortium(s):

Sales Information:

This unpublished information is solely for the use of GLIBA, to help us more effectively serve you.

Your store's annual gross sales volume:

- \$0 - \$125,000
- \$125,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$750,000
- \$750,000 - \$1.5 million
- \$1.5 million up

Book sales % of gross sales above: _____%

Prospective Store Information:

Projected opening date: _____

Bookstore Name: _____

Owner's Name: _____

Owner's Email: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____ Fax: _____

Will yours be a general Bookstore? Yes No

Will yours be a specialty bookstore?

If yes, indicate what type of specialty: _____

Payment Processing

Please complete this application form and fax or mail to the GLIBA office with check or credit card information.

Membership Dues: \$ _____

BINC donation: \$ _____

Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Great Lakes Independent Booksellers Association

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