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.

Store Information

☐ Currently Operating a Bookstore

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Is yours a general bookstore? □ □
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: ______%

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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:

__________________________________________
Online Data:
Website: __________________________
Instagram: _________________________
Facebook: _________________________
Twitter: __________________________
Blog: ______________________________

Yes  No
Does your store produce a newsletter?   ☐  ☐
If Yes: ☐ print  ☐ online
(If yes, please add larry@gliba.org to your mailing list)

Affiliations:

Yes  No
Do you belong to the ABA?   ☐  ☐
Are you an IndieBound Member?   ☐  ☐
Do you report to IndieBound Bestsellers?   ☐  ☐
Do you report to the NYT Bestsellers?   ☐  ☐
Do you have an IndieCommerce website?   ☐  ☐
Are you a member of ABFFE?   ☐  ☐
Participate in a “Buy Local” consortium?   ☐  ☐
If yes, name and webiste 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: _________________________

Yes  No
Owner’s Name: _________________________
Owner’s Email: _________________________

Address: ________________________________
City: ________________________________
State: __________________ ZIP: ____________
Phone: __________________ Fax: ____________

Yes  No
Will yours be a general Bookstore?  ☐  ☐
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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