

INDIVIDUAL APPLICATION
Please complete to join our network



*Required Field

*Name_____

*Address_____

*City_____ *State_____ *Zip_____

Email_____ Phone Number_____

*Referred By_____ State_____

*INTERESTS

Business [] Youth [] Community [] Advocacy []

Additional information you would like us to know:

How did you hear about us? (Check One)

- [] Word of mouth [] Email
[] Another Website [] Search Engine
[] Print Media [] Other

*Method of Payment (Check One)

- [] Check/Money Order Enclosed
Make Payable To: IBSA, Inc.
[] Online: PayPal
[] Cash: In person only

Category:

- [] Adult - \$50.00 [] Youth/Student - \$20.00 each

Signature_____ Date_____/_____/_____

We do not sell or share your personal information. It is used for internal customer service purposes only.

Please Mail Form and Payment To:

IBSA, Inc.
629 SE Quincy
Topeka, KS 66603

(785) 232-4272

Internal Use Only: [] Information mailed [] Follow-up Call made INIT_____