



# Equality Business Alliance Registration

Please place an 'X' in the box for items that should be published in the EBA directory.

<input checked="" type="checkbox"/> Business Name. Please spell out all acronyms.	<input type="checkbox"/> Business Phone
<input type="checkbox"/> Business Address, City, State, Zip	
<input type="checkbox"/> Mailing Address, City, State, Zip	
<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Primary Phone
<input type="checkbox"/> Secondary Contact	<input type="checkbox"/> Secondary Phone
<input type="checkbox"/> Email <i>for customers</i>	<input checked="" type="checkbox"/> Web Site
<input type="checkbox"/> Email <i>for EBA &amp; OKeQ newsletters</i>	<input checked="" type="checkbox"/> Business Category <i>(Retail, Spa/Salon, Dining, etc)</i>
<input checked="" type="checkbox"/> Short Description of your business <i>(200 Character limit)</i>	
Payment method:    Check    Visa    MC    Amex <small>(checks should be made out to Oklahomans for Equality)</small> <small>(Please place 'EBA' in Memo field)</small>	
Card # _____ Exp. Date _____	
Signature _____	
<b>Please select your membership dues</b>	
<b>Business</b> Business (<25 FTE) \$100 Business (25+ FTE) \$200 Non-Profit \$50	<b>Non-Business Owners</b> Individual \$50 Family \$75 Student \$25