



A project of Scarborough Community Partnership

Membership Application

Membership Type & Eligibility

Business (To qualify, the business must be locally owned, independent and able to answer yes to all questions):

- Yes No the business is privately held
- Yes No the business is located in Scarborough, ME,
- Yes No the owner or majority of owners live within 75mi of Scarborough, ME,
- Yes No the business is registered in Maine with corporate headquarters in Maine,
- Yes No the owner(s) must have full decision making authority over the business, including but necessarily limited to:
 - decisions regarding product(s) purchasing, pricing, & marketing,
 - decisions regarding wages, commissions, & bonuses (for self & employees),
- Yes No the business has no more than 15 outlets with the majority in Maine

Nonprofit (To qualify, the nonprofit must be able to answer yes to all questions):

- Yes No the nonprofit is registered, operates in Scarborough Maine and has a valid 501c3 or fiscal sponsor,
- Yes No the board of directors has full decision making authority

Individual

Yes No I agree that I am making application for myself only and I do not represent any business or nonprofit organization. I also understand that I am not entitled to the same benefits as business or nonprofit members.

Contact Information (we do not share this information):

Directory Listing: (membership includes listing)

Name of Owner _____

Name of Business/Organization _____

Name of Contact _____

Mailing Address _____

Website _____

Phone Number _____

Physical location(s) in Scarborough (if you have a store front that customers or clients visit, if not leave blank)

Email _____

- I am interested in (circle one or both)
 - volunteering and/or
 - serving on the board of directors

- This business is minority or woman owned

Attach description for the Buy Local Directory. Descriptions can be no more than 40 words excluding the above information. Thank you.

Please return this completed form with your check made payable to Buy Local Scarborough.

I certify that the information above is correct & that I meet the eligibility criteria. Further, I understand it is my responsibility to alert Buy Local to changes in my contact and directory information, as well as changes to my eligibility as defined above.

DATE _____ SIGNATURE _____

MEMBERSHIP LEVEL _____ \$50 (Business) _____ \$25 (Nonprofit) _____ \$35 (Individual)

AMOUNT ENCLOSED \$ _____