



CABB CORPORATE MEMBERSHIP

Sign up today and maximize your membership

CABB offers a **corporate membership** category for those looking to enhance the return on their company's investment. With corporate membership, multiple brokers from one organization get access to CABB membership benefits at discounted rates. Additionally, as a corporate member, your organization gets enhanced visibility with your CABB member constituents and industry peers.

Benefits

- Each additional member of the company receives a discounted membership fee of \$103.
- Company can advertise 'CABB Corporate Member' on their Web site, business cards, etc.

Requirements

- The lead member of the company must complete and submit the CABB corporate membership application form to CABB Headquarters with the \$460 membership fee.
- The corporate member must use a **company check or credit card** to pay the membership fee for all associates connected to their corporation.
- All associates in a corporate member's office must be members of CABB.

Notes

- A "Corporate" membership applies to a single corporation or ownership entity. Therefore, if a corporation (or ownership entity) has multiple locations, then a single corporate membership is all that is necessary to provide the reduced membership rate to all associates at each location. Individual franchised corporate offices require a separate application and appropriate dues fee.
- A corporate member may add associates to the corporate membership at any time but must pay the fee with a company check or credit card.
- If a company decides to take advantage of the corporate membership after July 1, they will pay a prorated fee.
- No substitutions or refunds regarding the corporate membership.
- If an associate leaves the employ of a corporate member, the discounted membership will not be renewed the following year unless they are a member of another company with a corporate membership.
- If an associate leaves the employ of a corporate member, they will retain their corporate membership through their paid-through date. Full dues will be required for the following year.

Sign up today by filling out the application form!



CABB CORPORATE MEMBERSHIP APPLICATION

Corporate memberships are available to multiple business brokers within the same corporation. Each primary contact of a corporate membership will be listed in a separate corporate membership listing. They are entitled to all individual member privileges. Each additional broker from the same member firm will be listed as an individual and are entitled to the same member privileges. If a company has multiple offices, as long as they are all owned by that same company, all offices will be able to share one corporate membership. **NO REFUNDS OR SUBSTITUTIONS WILL BE ISSUED FOR EMPLOYEE TERMINATIONS WITHIN A CORPORATE MEMBER FIRM.**

- I. **ANNUAL DUES** (memberships are for a calendar year and will expire on 12/31 of each year)
 - ◆ Corporate membership (includes primary contact) \$460
 - ◆ Additional Associates \$173 (each)

II. CORPORATE MEMBER INFORMATION *(to be completed by primary contact)*
 Please provide the information below as you would like it to appear in the CABB Online Directory:

COMPANY: _____

WHAT TYPE OF ORGANIZATION IS YOUR AGENCY?

~ CORPORATION ~ PARTNERSHP ~ SOLE ~ OTHER PROPRIETORSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/MAIL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

III. ADDITIONAL ASSOCIATES INFORMATION

NUMBER OF ASSOCIATES FROM SAME CORPORATION _____ x \$173 = \$ _____

Please complete the company roster with names and contact information for each additional broker member.

IV. PAYMENT INFORMATION

◆ CHECK ~ VISA ~ MASTERCARD ~ AMEX. Make checks payable to CABB. All corporate members and additional associate memberships must be paid by a corporate check or credit card and company roster must be completed for membership consideration.

AMOUNT: \$460 + _____ (Additional Memberships) = **TOTAL AMOUNT \$** _____

ACCOUNT NUMBER: _____ EXP: _____ SECURITY CODE: _____

CARDHOLDER'S NAME: _____

BILLING ADDRESS: _____ CITY: _____ ZIP: _____

SIGNATURE: _____

PLEASE COMPLETE FORM AND RETURN WITH PAYMENT TO:
CALIFORNIA ASSOCIATION OF BUSINESS BROKERS
 1215 K Street, Suite 2290
 Sacramento, CA 95814
 OR FAX FORMS WITH CREDIT CARD INFORMATION TO CABB HEADQUARTERS: (916) 231-2141
 FOR QUESTIONS, CALL THE CABB OFFICE: (866) 972-2220



CABB CORPORATE ROSTER

Please include all contact information for each additional broker from same corporate member firm. If more than four additional brokers should be listed under the same corporate member firm, please attach additional roster.

1. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____ License # _____ License Expiration _____

2. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____ License # _____ License Expiration _____

3. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____ License # _____ License Expiration _____

4. NAME: _____
ADDRESS: _____
CITY: _____ STATE/PROVINCE: _____
ZIP/MAIL CODE: _____ COUNTRY: _____
PHONE: _____ FAX: _____
EMAIL: _____ License # _____ License Expiration _____