



Membership Application
 PO Box 242023
 Anchorage, AK 99524

Business Name: _____ Date _____

Contact Name: _____

Physical Address: _____

Mailing Address: _____
 (If different from above)

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Business Phone: _____

Cell Phone: _____

Fax Number: _____ Email: _____

Signature: _____ Date: _____

Type of Business: (check all that apply)

Full Service Restaurant

Quick Service Restaurant

Brewery

Beer/Wine Restaurant

Brewpub

Full Dispensary

Hotel/Lodging

Catering

Package Store

Distributor/Wholesale

Private Club

Coffee Shop

Other _____

Description	Annual Fee	Total
Single location	\$150	
2 locations	\$250	
3 locations	\$300	
4 locations	\$400	
5 or more locations	\$500	
	Total	
	Amount Enclosed	