O MED WAR	AHA Member Shop Listing Order Form			
	1327 Spruce Street Boulder, Colorado 80302			
A LO	Phone: 303.447.0816 Fax			
B.NOLT	HomebrewersAssociation	.org	Me	ember #
🔲 New Li	sting	🔲 Renewal (No Change	s) 🗌 R	enewal (With Changes)
	Listing Information: (Please fill out all of below)		
	Shop Name:			
	Address:			
	City:	S	tate:Zip:	
	Phone:	F	ax:	
	Email:	N	Vebsite:	
	Individual Membersh	nip Information (each listing	receives up to 5 member	rships):
Contact Name		Email (must be different t	han shop listing email:	Direct Phone
L.				
2.				
8.				
1.				
Issue in which only printed in	your shop listing is up the March/April and S Year	for renewal (Note: Listings Sept/Oct issues.)	will appear online within	7-10 business days and a
lssue in which only printed in Month	the March/April and S Year			7-10 business days and a
ssue in which y only printed in Month Please write yo <u>Payment I</u> Yearly	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i>	Sept/Oct issues.)	words maximum): e offered for multiple loca	
ssue in which only printed in Month Please write yo <u>Payment I</u> Yearly This for Payme	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i> m acts as your invoice <i>nt must be received by</i>	Sept/Oct issues.) as you wish it to appear (25 a <i>full year. Discounts can b</i> . You will not receive a phys	words maximum): e offered for multiple loce ical invoice in the mail. nt amount: \$	ations.
ssue in which only printed in Month Please write yo <u>Payment I</u> Yearly This for Payme	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i> m acts as your invoice <i>nt must be received by</i>	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b	words maximum): e offered for multiple loce ical invoice in the mail. nt amount: \$	ations.
ssue in which fonly printed in Month Please write yo <u>Payment I</u> Yearly This for Use the	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i> rm acts as your invoice <i>nt must be received by</i> following payment optic	Sept/Oct issues.) as you wish it to appear (25 a <i>full year. Discounts can b</i> . You will not receive a phys	words maximum): e offered for multiple loca ical invoice in the mail. ht amount: \$ d AmexCheck #	ations.
ssue in which only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i> im acts as your invoice <i>nt must be received by</i> following payment optic ard#: <u>information</u> : (Please for on of:	Sept/Oct issues.) as you wish it to appear (25 <i>a full year. Discounts can b</i> 2. You will not receive a phys y Paymen ons: Visa MasterCard fill out the info below if it's c P.O. #:	words maximum): e offered for multiple local ical invoice in the mail. ht amount: \$ f Amex Check # Expiration date:/ lifferent the information I	ations.
ssue in which for only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti Addres	the March/April and S Year our company's listing a <u>nformation</u> <i>listing is only \$230 for</i> on acts as your invoice <i>nt must be received by</i> following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b b. You will not receive a phys y Paymer ons: Visa MasterCard fill out the info below if it's cP.O. #:	words maximum): e offered for multiple local ical invoice in the mail. ht amount: \$ i Amex Check # Expiration date:/ lifferent the information I	ations.
ssue in which only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti Addres City: _	the March/April and S Year our company's listing a <u>nformation</u> listing is only \$230 for m acts as your invoice nt must be received by following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b b. You will not receive a phys y Paymer ons: Visa MasterCarc fill out the info below if it's c P.O. #: State:	words maximum): e offered for multiple local ical invoice in the mail. at amount: \$	ations.
ssue in which only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti Addres City: _	the March/April and S Year our company's listing a <u>nformation</u> listing is only \$230 for m acts as your invoice nt must be received by following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b b. You will not receive a phys y Paymer ons: Visa MasterCard fill out the info below if it's cP.O. #:	words maximum): e offered for multiple local ical invoice in the mail. at amount: \$	ations.
ssue in which in only printed in Month Please write yo <u>Payment I</u> Yearly This for Dise the Credit O <u>Invoice</u> Attenti Addres City: Phone: THE UN	the March/April and S Year our company's listing a <u>isting is only \$230 for</u> m acts as your invoice nt must be received by following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b b. You will not receive a phys y Paymer ons: Visa MasterCarc fill out the info below if it's c P.O. #: State: TO BE LISTED AS AN AHA SH	words maximum): e offered for multiple local ical invoice in the mail. t amount: \$	ations.
ssue in which in only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti Addres City: Phone: THE UN AHA sh	the March/April and S Year our company's listing a <u>information</u> <i>listing is only \$230 for</i> or acts as your invoice <i>nt must be received by</i> following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b a. You will not receive a phys y Paymer ons: Visa MasterCard fill out the info below if it's c P.O. #: State: TO BE LISTED AS AN AHA SH der authorized by (please pri	words maximum): e offered for multiple local ical invoice in the mail. Int amount: \$	ations.
only printed in Month Please write yo <u>Payment I</u> Yearly This for Use the Credit C <u>Invoice</u> Attenti Addres City: Phone: THE UN AHA sh Compa	the March/April and S Year our company's listing a <u>isting is only \$230 for</u> m acts as your invoice nt must be received by following payment optic ard#:	Sept/Oct issues.) as you wish it to appear (25 a full year. Discounts can b b. You will not receive a phys y Paymer ons: Visa MasterCarc fill out the info below if it's c P.O. #: State: TO BE LISTED AS AN AHA SH	words maximum): e offered for multiple local ical invoice in the mail. t amount: \$	ations.

Contact: Steve Parr, AHA Assistant Director 303.447.0816 x178 <u>steve@brewersassociation.org</u> Thank you for your confirmation. We appreciate your support!