New Member Application Form

Personal Contact Information

First Name:	Last Name:
Personal Address:	Mailing Address:
Business Name:	Business Number:
Business Address:	
Telephone Number Area Code:() Mobile Number:	Work Number: Home Number:
Personal Email Address:	Social Media/Website:
About Your Business Section	
Please write a 50 word Biography of your business.	This will be used to belo promote your business
rease write a so word Biography or your business.	This will be used to help promote your business.
Please provide your business big in the space provi	ded below. Include a description of your product(s), and a brief
history of your husiness	

The following questions are to help us und	derstand your current marketing	process and what you
wish to achieve with this Cooperative		

t is the next s	tep to help you imp	rove your busin	ess?		

What do you want from the Cooperative to provide in order to meet your goals	Artisan Inspired Marketing Cooperative above?
Are you interested in including your products/services at the Cooperative Show	vroom located at 4180 Waverley
Street? YES / NO	
Demonstration Demonstration and of this Occupation Demonstration	46-4
Personal hours are required as part of this Cooperative. Do you have any skills and support of this Cooperative. (Example being on a committee or other help)	
Are you interested in including your products/services at the Cooperative Spec	ial Events held at 4180 Waverlev
Street? (Note: these are events that help to bring people into the location such	

Markets)

YES / NO

ACTION: Attach (Annual Membership Fee) of \$150 for Individual Membership one delegate. If you have a partner with other art then the Business Membership Fee is \$200 (gives you two delegate memberships.

 Δ Individual Membership (\$150) Δ Business Membership (\$200)

Second Application Form

Do you YES	ı hav 	ve any affiliations with other business/cooperatives or buying/selling groups?	
Have y YES	_	participated in any trade shows, special markets, fairs, festivals or selling venues in the NO	past?
How m	any	in a year do you participate in?	?
 What is	s you	ur Target Customer?	f
		scribe:	
		u get your sales currently? (Example- Word of Mouth / Internet / Trade Shows)	
Please	e Des	scribe:	
	ı foll	low a marketing system/package?	
YES		NO	
Explai	ın bri	iefly please:	
Do you	ı hav	ve a website? YES / NO	
Do you	ı hav	ve Business Cards? YES / NO	
		ve any other marketing strategy that you like to work with?	
Explai	in:		

ora training/	product develo	piliellu Pack	ayiriy or Dis	piay process	es)		
us about yo	ur long term go	als and how	you believe	the coopera	tive can help	you develop?	
should the	co-op select ye	ou for the me	mbership?	Sell yourself	on your best	qualities?	

YES / NO

If Yes then we will send you additional information on this.

For more information Please contact:

Jesse (David) Schultz - djjschulz@gmail.com 204-918-6002 Darlene Dolinski – ddolinski@nlis.ca 204-955-9557

Mail application and membership cheque to: Artisan Inspired Marketing Cooperative

Box 2 St. Norbert P.O. Winnipeg, MB R3V 1L5