



SFLOMA Membership Application

Store/Business Name _____

Address _____

Phone _____

Fax _____

Email _____

Web address _____

Owner/Principal Name _____

Alternate contact _____

Type of Business _____

Principal Product(s) _____

Please answer the following qualifying questions about your business:

1. My business is privately held, not publicly traded Yes No
2. The business owners, totaling greater than 50% of the business ownership, live in Northern California Yes No
3. My business is registered in California, with no corporate or national headquarters outside the state Yes No
4. My business can make independent decisions regarding the name and look of the business, as well as all business purchasing, practices, and distribution Yes No
5. My business pays all marketing, rent, and other business expenses without assistance from a separate corporate headquarters Yes No

As part of membership, you will be listed with other members by category on the SFLOMA web site. Would you put a link to SFLOMA on your web site? Yes No

Could you tell us how you found out about SFLOMA? _____

I am enclosing my annual membership fee of \$25 per store location.

Send to: SFLOMA Membership, PO Box 29169, San Francisco, CA 94129
Questions - info@sfloma.org or 415-561-7687