

## **RelyLocal Campaign Membership Registration**

RelyLocal – North MKE Counties Bryan Simmons ~ 262-346-1748 ~ bryansimmons@relylocal.com

Business Name (As it should appear on the listing):			
Business Address:	Type of Business		
City: State: ZIP:		Locally Owned & Operated Locally Owned Franchise	
Business Phone:		Regionally Owned Chain	
Public Email Address:		Independent Agent or Reseller Non-Profit	
		Home Businesses	
Benefits of Membership:		Hide Address in Listing?	
Each basic membership includes the following services and	l offerings for one local	Hide Map in Listing?	
business Name of Business & Logo	- 1 RelyLocal Reward Listin	n	
<ul> <li>Contact Details with Location Map</li> </ul>	- 1 Coupon		
<ul><li>Website &amp; Social Media Links</li><li>Short &amp; Long Descriptions of Business</li></ul>	<ul><li>2 Attachments (brochure, i</li><li>2 Video Links (must be hos</li></ul>		
- 1 Category & 1 Subcategory Classification	- 5 Photos (must provide ph		
- Meet the Owner Bio Including Photo	oduction with another		
	business owner that signs u	p ior membersnip	
Short Description			
Short Description		Top Keywords	
		Categories	
Long Description			
		Business Hours	
		Mon	
		Tues	
Owner Biography (Owner Name:	)	Wed	
Owner Biography (Owner Name.		Thur	
		Fri	
		Sat	
		Sun	
Website:	Instagram:		
Facebook:	YouTube:		
Twitter:	Other:		
LinkedIn:			



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Coupon 1 (included)				
Headline:				
Description:				
Restrictions:				
Expires: *Please provide image	e of coupon in a 440 x 145-pixel	format or ask us about s	stock imag	es
Local Reward 1 (included)  I want this reward  I do not want an of the control of	d to expire on expiration date at this time and v	will notify to have it chan	ged or car	nceled
campaign. K&B Ventu omissions, or changes	nembership is being offered by I res will make every effort to pro- s regarding business information e notified of completed listings a	vide accurate information n, details, coupons, disco	n, but canr ounts, loca	not be held liable for errors, tion, etc. Business Owners or
	ships shall automatically renew of in writing at least 10 business of			your membership, please notify
	C	, .		Initial here
months at no additiona	on and Announcements: Upon al charge. No refunds will be issi g giveaways, and hosting comm	ued should you wish to t	erminate y	our membership early. Co-op
Payment: Membership fees are of same rate at the end of		nis registration form and	will autom	atically be grandfathered in at the
\$ \$ \$				
Payment By: vi	sa / master / money order / cash	n / check #	(Credit	card charge will say KB Ventures
		Expires:	/	CCV Code:
Billing Contact Name:		C:4	ęт.	7in:
Billing Address:			٥١	Zip:
Signature:		Date:	-	