



MEMBERSHIP APPLICATION

CHECK DATE: ____/____/____ CHECK # _____ RECEIVED BY LBA: ____/____/____

PLEASE ENCLOSE 2 BUSINESS CARDS IF POSSIBLE.

COMPANY NAME: _____

CONTACT PERSON / POSITION: _____

ALTERNATE CONTACT PERSON / POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ OTHER: _____

EMAIL: _____

WEB SITE: _____

PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF YOUR BUSINESS OR ORGANIZATION AND THE PRODUCTS/SERVICES YOU PROVIDE.

The above will be reference for monthly bulletins and all correspondence. If there are additional persons or addresses that need to be notified, please provide us with that information as well.

ANNUAL DUES: \$150.00 PER BUSINESS/INDIVIDUAL/ORGANIZATION PER YEAR.

MAKE YOUR CHECK PAYABLE TO LAURAVILLE BUSINESS ASSOCIATION

(Your cancelled check is your receipt)

MEMBERSHIP APPLICATION & DUES SHOULD BE SENT TO:

LAURAVILLE BUSINESS ASSOCIATION

C/O Red Canoe

4337 Harford Road

Baltimore, MD 21214

WELCOME FROM YOUR LBA BOARD OF DIRECTORS