

BUSINESS & INDUSTRY

New Member Application

Name: _____

Mailing Address:

Telephone: _____

FAX: _____

E-mail: _____

Contact: _____

Date Established: _____

Nature of Business: _____

Membership dues are based on the company's total number of employees. The schedule is as follows:

<u>Employees</u>	<u>Amount</u>
1	\$150
2 – 99	\$ 250 - \$500
100 – 499	\$ 500 - \$1000
500 – 1500	\$1000 - \$1500

“Partners in Growth”

Bronze	\$1000.00 - \$1999.00
Silver	\$2000.00 - \$2999.00
Gold	\$3000.00 - \$5000.00

Membership Amount: _____

Please invoice me: (circle one)

Annually Semi-Annually Quarterly

Return to:
LCEDA • P.O. Box 1346 • Athens, AL 35612