



Membership Application

PLEASE MAIL THIS APPLICATION WITH YOUR PAYMENT/PAYMENT INFORMATION

to LATIN BUILDERS ASSOCIATION, Inc. 782 NW Le Jeune Road, Suite 450, Miami, FL 33126

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____ FAX: _____

PRIMARY CONTACT: _____ TITLE: _____

E-MAIL: _____ CELLPHONE: _____

SECONDARY CONTACT: _____ TITLE: _____

E-MAIL: _____ CELLPHONE: _____

TYPE OF BUSINESS: _____

BANKING REFERENCES: _____

REASONS FOR JOINING LBA (please check all that apply):

- BUSINESS EXPANSION / NETWORKING
- PUBLIC RELATIONS
- POLITICAL/LEGISLATIVE RELATIONS
- PERSONAL DEVELOPMENT
- OTHER (describe): _____

AREAS OF INTEREST (please list all that apply):

POLITICAL/DEMOGRAPHIC DATA (voluntary; please fill out all that apply):

AGE GROUP: 18-24 25-34 35-44
 45-54 55-64 65+

AFFILIATION: Rep Dem Ind

VOTING PRECINCT: _____

Congress: _____ FL Senate: _____

FL House: _____ County Comm: _____

School Board: _____ Municipal: _____

Community Council: _____

I hereby enclose my first year's membership dues of \$600 (Six Hundred Dollars). Once approved, membership dues are not refundable.

- Enclosed please find check # _____
- I have elected to pay my dues via credit card to take advantage of LBA's Auto-Renewal*. Please charge the credit card listed here.

My LBA Membership Sponsor is: _____

Please fill out all applicable information and print clearly:

CREDIT CARD (please check one): Visa Mastercard AMEX

CARDMEMBER NAME: _____

CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER'S SIGNATURE: _____ SEC. CODE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

*Members paying via credit card will be automatically renewed on the anniversary of his/her membership unless LATIN BUILDERS ASSOCIATION is provided other instructions in writing at least thirty (30) days prior to the anniversary date.