



**BOARD MEMBER APPLICATION**

**LATIN AMERICAN BUSINESS ASSOCIATION**

**APPLICANT INFORMATION**

<b>Name:</b>		<b>E-Mail:</b>	
<b>Title:</b>		<b>Direct Number:</b>	
<b>Current address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

**COMPANY INFORMATION**

<b>Company Name:</b>			
<b>Company address:</b>		<b>Business E-mail:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Type of Business:</b>			

**Choose Board Position below:**

	<b>Executive Board Director</b>	The annual Executive Board director’s fee is in the amount of \$5,000.00 and should be enclosed. (See Membership Levels for Description)
	<b>Director</b>	The annual Director’s fee is in the amount of \$3,000.00 and should be enclosed. (See Membership Levels for Description)

**REFERENCES**

<b>Name</b>	<b>Address</b>	<b>Phone</b>

**SIGNATURE**

<b>Enclosed is the first year’s director’s due as stated above.</b>	<b>Nominated By:</b>	
<b>Applicant Signature:</b>	<b>Date:</b>	



# Optional Credit Card Payment

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American Express     Visa     Master Card     Discover Card

Card Holder Name (if different from above):

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Account Number :

Expiration Date(MM/YY):

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Account Billing Address (if different from above):

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Signature:

I hereby authorize LABA to charge the above amount to the above credit card.

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## Contact Us:

Telephone: (786)280-7330

E-mail: [info@uslaba.com](mailto:info@uslaba.com)

You can also visit us on the web at [www.uslaba.com](http://www.uslaba.com)!

## Remit Payment and Application to:

PO Box 821500

Pembroke Pines, Florida 33082