



MEMBERSHIP APPLICATION

LATIN AMERICAN BUSINESS ASSOCIATION

APPLICANT INFORMATION

Applicant Name:

Title:

Representative Name(s) (If Applicable):

E Mail (s):

Direct Number (of primary applicant):

COMPANY INFORMATION

Company Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Type of Business:

Website:

REFERENCES

NAME

ADDRESS

PHONE

MEMEBERSHIP LEVELS and SIGNATURE

Non-for-Profit Org. \$250.00

Small Business \$300.00

Corporate Member \$500.00

Advisory Board Member \$1,500.00

See Membership Levels for descriptions.

Please enclose the first years Membership Fee as stated above.

Nominated By:

Applicant Signature:

Date:



Optional Credit Card Payment

American Express Visa Master Card Discover Card

Card Holder Name:

Account Number:

Expiration Date(MM/YY):

Account Billing Address (if different from above):

Signature:

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

Check here should you not want to automatically renew.

Contact Us:

Telephone: (786)280-7330

E-mail: info@uslaba.com

You can also visit us on the web at www.uslaba.com!

Remit Payment and Application to:

PO Box 821500

Pembroke Pines, Florida 33082