Passionate · Committed · Stable

Application for Membership/Affiliate Membership

1. Company Name: _____
2. Address: _____
   No. and Street
   _____ _____ _____
   City State Zip Code
3. Tel.: _____ Fax: _____
4. Name of Principal/Owner: _____ 5. Title: _____
6. Number of full-time employees in business: _____
7. Describe business:
   7a. Type (e.g., manufacturing, restaurant, consulting, etc.): _____
   _____
   7b. Check one: ☐ Business-to-Business ☐ Business-to-Consumer ☐ Other
8. Person completing this form:
   8a. Your Name: _____ Title: _____
   8b. Tel: office _____ ext. _____ cell: _____
   8c. email: _____
9. Application for (check one): ☐ Member (49 employees or less) ☐ Affiliate Member (50 employees or more)

Annual Dues	
Member: $195.00	Affiliate Member: $395.00

Complete if paying by check:

10. I have enclosed check no.: _____ in the amount of $_____ (see fees, above).
    (Please make check(s) payable to: Long Island Advancement of Small Business)

Complete if paying by credit card:

11. Card Type (check one): ☐ MasterCard ☐ Visa ☐ Discover
    Name of cardholder (as it appears on card): _____
    Card Number: _____ _____ _____
    Expiration Date (MM/DD/YYYY): _____ CCV (see back of card): _____
    Card's Billing Address (if different than above): _____
    No. and Street
    _____ _____ _____
    City State Zip Code
    I hereby authorize LIASB to charge the amount of $_____ to the above credit card.
    Signature of Card Holder: _____ Date: _____