



Membership Application

Greetings and welcome aboard! We're confident that you and our community will benefit from your membership. Annual dues are just \$40. Please make checks payable to Laingsburg Business and Community Association. Please submit this form, along with your check to:
 Treasurer, P.O. Box 156, Laingsburg, MI 48848

First Name	Last Name	
Company Name		
Address		
Address 2		
City	Zip	
Phone	Email	
Type of Membership (circle)	Individual	Business
If business, what are your company's primary products/services?		
Do you have a website? (circle) Yes No		
If Yes, Please indicate web address		
LCBA DIRECTORY LISTING INFORMATION <i>Please limit each line to no more than 30 characters</i>		
Category Heading Requested		
Tag Line / Slogan		
<i>Additional headings @ \$10 each (2 maximum)</i>		
Second Category Request		
Tag Line / Slogan		
Third Category Request		
Tag Line / Slogan		