



Laughlin Economic Development Corporation Application for Membership

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Business Information *(not applicable for Personal/Family Membership)*

Business Name: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

Nevada Business ID# _____

Membership Level (Annual)

- Personal or Family \$35
- Small Business \$100
- Enhanced \$1500
- Patron \$5000

Payment type:

Check or Money Order (payable to Laughlin Economic Development Corporation)

Credit Card

Card Number: _____

Expiration Date (mm/yy) _____ CVV (3 digit number on back of card): _____

Name as it appears on Card: _____

Billing Address of Card: _____

Signature: _____

Mail to:

Any questions please contact:

Laughlin Economic Development Corporation
P.O. Box 33702
Laughlin, NV 89028-3702

Jim Maniaci, President
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725-867-8190