

## MEMBERSHIP APPLICATION



Date \_\_\_\_\_ Renewal \_\_\_\_\_ New Member \_\_\_\_\_

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Please complete application and submit with the required documentation. Once your application has been approved payment will be processed and you will receive a confirmation letter and membership packet.

What benefits that the LBA offers are you most interested in receiving? (Choose all that apply)

Networking Procurement Access to Capital Education Exhibitions Other \_\_\_\_\_

### CONTACT INFORMATION

\_\_\_\_\_  
First Name, Last Name

\_\_\_\_\_  
2<sup>nd</sup> Contact First Name, Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

### COMPANY INFORMATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Website

Business Industry: \_\_\_\_\_

Geographic Market Area served: \_\_\_\_\_

Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ D & B #: \_\_\_\_\_

W/MBE Certified? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Certifying Agency: \_\_\_\_\_

Other certifications: \_\_\_\_\_

Brief Company Description: \_\_\_\_\_

Brief Description of your products/services: \_\_\_\_\_

How did you hear about the LBA? \_\_\_\_\_

### MEMBERSHIP CATEGORIES (SELECT ONE)

#### Business Membership

1-30 Employees (\$250)

31-100 Employees (\$350)

101+ Employees (\$500)

#### Associate Membership

Professional (\$250)

Non-Profit *Must submit Non-Profit Status letter* (\$250)

**Check all that apply:** At least 51% Latino owned Independent Contractor  
International (Company is based outside of the U.S.)

**Payment Method:** Check Credit Card

Mail, Fax or E-mail Application to: Latin Business Association

120 S. San Pedro St., Ste. 530, Los Angeles, CA 90012

Office (213) 628-8510 Fax (213) 628-8519 [membership@lbausa.com](mailto:membership@lbausa.com)

# Credit Card Authorization



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**Latin Business Association**  
120 S. San Pedro Street, Ste. 530  
Los Angeles, CA 90012  
(213) 628-8510 Office • (213) 628-8519 Fax

membership@lbausa.com  
[www.lbausa.com](http://www.lbausa.com)

**LBA is a 501(c)(6) non-profit status with  
Federal Tax ID #95-3256245**

Attention: \_\_\_\_\_

## Credit Card Authorization

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type Visa / MC / American Express (Circle One)

SVC # (3 digits on back of card): \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

Payment Description: \_\_\_\_\_  
(For LBA membership, include name/company as written on application)

Printed Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Today's Date (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

This information will be held in a secure location solely as evidence of the associated charge for services. **Please fax back to 213-628-8519.** The fax is in a secure, locked location and accessible only by authorized agents of the Latin Business Association. No cover page is needed.