

MEMBERSHIP APPLICATION



Date _____ Renewal New Member

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

2nd 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 (With Financials)

1-10 Employees (250) 11-50 Employees (350) 51 and above (500)

Corporate

(\$2,500 Corporate Membership)

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
1800 W. Beverly Blvd, Montebello, CA 90640
Office (213) 628-8510 **Fax** (213) 628-8519 membership@lbausa.com

Credit Card Authorization



Latin Business Association
1800 W. Beverly Blvd, Ste 201
Montebello, CA 90640
(213) 628-8510 Office • (213) 628-8519 Fax

membership@lbausa.com
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 Check 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. **Pay By Phone 213-628-8510**