

Membership Application

Business Name							
Contact Name (person who will be attending meetings)							
Business Address							
City					State		Zip
Phone Number					Fax Number		
Email Address							
Did you want your email address published on our website?		Yes		No			
Web Site							
Did you want your web address published on our website?		Yes		No			
In our efforts to "go green" we send out the meeting agendas, notices, etc. to all members via email or fax unless otherwise noted. What method would you prefer we use?							
Email <input type="checkbox"/>		Fax <input type="checkbox"/>			Mail <input type="checkbox"/>		
Enclosed is a \$135.00 check for a one year membership.							
Signature							
Date							
Return your application and check payable to: La Crosse Area Business Club ATTN: Treasurer P.O. Box 2241 La Crosse, WI 54602-2241							

Thank you for joining the La Crosse Area Business Club!