



LAKE PLACID BUSINESS ASSOCIATION

P.O. Box 1466
Lake Placid, NY 12946
lpbaofficers@gmail.com

MEMBERSHIP APPLICATION

MEMBER INFORMATION:

Business Name: _____

Address: _____

City: _____

State: _____

Zipcode: _____

Business Telephone: _____

Fax: _____

Web Site: _____

Email: _____

BILLING ADDRESS: (if different)

Address: _____

City: _____

State: _____

Zipcode: _____

COMPANY REPRESENTATIVE:

Title: _____

MEMBERSHIP INVESTMENT:

Annual Dues: \$40.00 Payable to The Lake Placid Business Association

Reason for Joining: (circle all that apply)

*Community Involvement

*Networking Events

*Other

*Continued Education & Training

*Joint Marketing & PR

*Keep Informed