

# Membership Application



Lebanon Valley  
Business Association  
PO Box 25  
New Lebanon, NY 12125

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For Calendar, job postings  
& other information:

Visit:  
[www.lvba.biz](http://www.lvba.biz)

Individual or Business Name \_\_\_\_\_

**(Please Print)**

- Individual (Please check one)  
 Business  
 Corporation  
 Association

Business Mailing

Address \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home or 2<sup>nd</sup>  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Name of Voting  
Member \_\_\_\_\_

Name of Alternate Voting Member \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of employees \_\_\_\_\_

Business  
Description \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership Fee: \$50.00

**Make checks payable to LVBA** (Lebanon Valley Business Association)

Please return signed application and \$50.00 check to:

LVBA  
PO Box 25  
New Lebanon, NY 12125