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## ASSOCIATE MEMBERSHIP APPLICATION

Company Name			
Contact Person			
		Province	
Postal Code	Phone #		
Email Address			<u>-</u>
Website Address			
		s	
Website Categories _			
	Membersh	ip Dues	
\$ 194.25 per year (LPMA	does not charge HST)	□ Visa □ MasterCard □ Cheque Er	ıclosed
Card #		Expiry Date:	
Name on Card		Signature:	
How did you hear abo	out us?		
□ LPMA Member Name		_	
□ Newspaper	☐ Phonebook	☐ Website	
☐ I am a former member	☐ Other (please specify)		
Signature		Date	
Signature		Date	

Membership is subject to approval by LPMA Board of Directors.