



ASSOCIATE MEMBERSHIP APPLICATION

Associate Membership (*any organization other than a Chamber of Commerce*)

- **\$300.00** + \$30.00 per additional representative

Benefits:

- ✓ Invitation to attend our professional development conference
- ✓ Opportunity to provide articles and updates for LACCE e-newsletters
- ✓ Opportunity to provide a webinar/conference call with LACCE members
- ✓ Added to the LACCE e-mail update list (*special notices throughout the year*)
- ✓ Provided with one (1) copy of LACCE membership list in Excel format

Application

Name _____

Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Website _____

E-Mail Address _____

Please list names of additional representatives for LACCE membership (*fee required*):

Checks and AMEX / Visa / MasterCard accepted

- ☐ ***I'd like to pay via credit card (AMEX, Visa, MasterCard)***

An electronic invoice will be emailed to you.

- ☐ ***I'd like to pay via check***

If paying by check, please make payable to LACCE and
return to:

LACCE

400 Edwards St

Shreveport, LA 71101

For more information, contact Tim Wagner at (318) 302-0122 or

lace@louisianachambers.org