



## LIA Membership Inquiry Form

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Total # of employees: \_\_\_\_\_ Manufacturer: Yes \_\_\_\_ No \_\_\_\_

Web address: \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

What do you hope to gain from your membership? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the LIA? \_\_\_\_\_

### **RECOMMEND A NEW MEMBER – GET A CASH REWARD**

*Suggest a potential new member and get \$50 for each one we enroll. As soon as the company you suggest joins the LIA, we will send you a \$50 check.*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_