



Membership Application

Name:	Title:	
Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail Address:		Date of Application:
Please describe briefly the nature of your business or organization:		
Annual Membership Dues:		
Group A: Organizations of 1-5 people – \$50		
Group B: Organizations of 6-50 people – \$100		
Group C: Organizations of 51+ people – \$150		
Check Enclosed (payable to Lawrence Technology Association)		
Please Bill Me		
How do you think that the Lawrence Technology Association can best benefit your organization?		
List other people/organizations that you think may have an interest in the Lawrence Technology Association:		
Name:	Company:	
Name:	Company:	
Comments:		