



## LTCC - MEMBERSHIP APPLICATION

Type/Tipo:  Regular  Allied  Supporter

Name / Nombre \_\_\_\_\_

Organization / Organización \_\_\_\_\_

Address / Dirección: \_\_\_\_\_

Tel.1/Phone1 \_\_\_\_\_ Tel.2/Phone2 \_\_\_\_\_

Fax \_\_\_\_\_ E-mail 1 \_\_\_\_\_

E-mail 2 \_\_\_\_\_ Website: www. \_\_\_\_\_

Contact/Contacto \_\_\_\_\_ Title/Cargo \_\_\_\_\_

Category/Sector \_\_\_\_\_ Year Established /Fecha Establecido \_\_\_\_\_

I would like to participate in the following committees / *Me gustaría participar en los siguientes comités:*

Membership/Membresia  Fundraising/Recaudación de fondos  Community/Comunidad

Economic Development/Desarrollo Económico  Events/Eventos  Marketing/Mercadeo

Company or personal profile to publish / *Perfil de la empresa o persona para publicar*

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### Memberships / Membresias:

**Regular:**

- Individual, Non profit, 1-4 employees/empleados: \$ 170.00
- 5-9 Employees/empleados \$ 250.00
- 10-19 Employees/empleados \$ 350.00
- 20 o more employees/empleados \$ 570.00

**Allied** \$1,500.00

**Supporter** \$2,500.00

Please, Make checks payable to **LTCC**

Por favor, haga su cheque a **LTCC**

86-05 Northern Boulevard, Jackson Heights, NY 11372

P.O. Box 580247 – Flushing, NY 11358-0247

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Applicant Signature / *Firma del Apicante* \_\_\_\_\_

LTCC - Authorized signature / *Rep. autorizado* \_\_\_\_\_

Date / *Fecha:* \_\_\_\_\_

Date / *Fecha* \_\_\_\_\_