



Membership Application

First Name: _____

Last Name: _____

Business Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: (____) ____ - _____

Work Phone Number: (____) ____ - _____

Email Address: _____

Membership Dues: (Please check applicable)

DISCOUNTED MEMBERSHIP OFFER with FREE Upgrade to GOLD LEVEL

Silver with FREE Upgrade to GOLD LEVEL _____ \$587 (\$887 Value)

Please enter your card information:

Name on card: _____

Card Number (Visa or MasterCard only): _____

Exp. Date: ____ / ____ **Sec. Code:** _____

Auto-Renew your membership to lock-in your same discounted pricing? (Circle One): YES or No

SPECIAL NOTE - LAIA has agreed to hold off on processing payment for 5 DAYS.

If you would like us to hold your payment for processing until THIS FRIDAY, just check below.

_____ **Yes, please hold and process my payment THIS COMING FRIDAY.**

_____ **No hold on payment needed, please process my payment upon receipt of this application**