



326 McKinley Avenue
 Suite 102
 Latrobe, PA 15650
 Phone: (724) 537-2671
 Fax: (724) 537-2690
 e-mail: info@latrobearea.com
 web: www.latrobearea.com

APPLICATION FOR MEMBERSHIP

Date _____

The undersigned hereby applies for membership in the Latrobe Area Chamber of Commerce and agrees to conform to the By-laws, Rules, and Regulations of the Association.

 Name of President/Owner

 Name of Business/Organization

 Street Address and/or PO Box

 City State Zip

(_____) _____ (_____) _____ (_____) _____
 AC/ Telephone Number AC/Fax Number AC/Alternative Phone

 E-Mail Address Web site Address

 Signature and Title of Applicant

Annual Investment: _____ Number of Employees: _____

Proposed by: _____

Please submit a paragraph (written or typed) on the back of this application defining your business which will be included in the Chamber Newsletter.

YES _____ I/we would like to receive information on Health Insurance Plans available through the Latrobe Area Chamber of Commerce.

Membership Committee Report (for Office use only):

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