

BUSINESS PARTNER MEMBERSHIP FORM

Company Name	2:			
Company Stree	t Address:			
City:		Sta	ite:	Zip:
Primary Contac	t Name:			
Primary Contac	t Email:			
Primary Contac	t Phone:			
One-sentence description of your company:				
Company website:				
Company Facebook address:				
Company Twitter address:				
Logo: Please include corporate logo in email with this form sent to <u>awhite@nlep.org</u>				
Membership Type:				
Regular Member • \$500 annual membership fee • Voting member • Eligible to hold office				
 Associate Member Reduced or waived membership fee, subject to approval of regular members Non-voting member Ineligible to hold office 				
Invoice Frequer	icy:			
Annua	ally	Semi-Annua	ally	Quarterly
Invoice Date:	٨	1 1	h. 1	Ontohan 1
January 1	April		ly 1	October 1
Submit completed form to:				

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