Long Island ASB Advancement of Small Business

Let's Get To Work

Date: _____ **Application for LIASB Membership mobile**

1. Company Name: _____
2. Address: _____
   No. and Street

   _____ _____ _____
   City State Zip Code
3. Tel.: _____ Fax: _____
4. Name of Principal/Owner: _____ 5. Title: _____
6. Number of full-time employees in business: _____
7. Describe business:
   7a. Type (e.g., manufacturing, restaurant, consulting, etc.): _____

   _____

   7b. Check one: ☐ Business-to-Business ☐ Business-to-Consumer ☐ Other

   7c. SIC (enter multiple codes if applicable): _____
8. Person completing this form:
   8a. Your Name: _____ Title: _____

   8b. Tel: office _____ ext. _____ cell: _____

   8c. email: _____
9. Associates –Start-up (less than 2 years in business) $99/year (1-9 Employees) $199/Year (10-99 Employees $275 Corporate $750 Year

Complete if paying by check:

10. I have enclosed check no.: _____ in the amount of $_____ (see dues, above).
    (Please make check(s) payable to: Long Island Advancement of Small Business)

11. Are you paying with PayPal? ☐ Yes ☐ No
    If you checked **Yes**, please make payment prior to submitting membership application.

Complete if paying by credit card:

12. Card Type (check one): ☐ MasterCard ☐ Visa ☐ Discover

    Name of cardholder (as it appears on card): _____

    Card Number: _____ _____ _____

    Expiration Date (MM/DD/YYYY): _____ CCV (see back of card): _____

    Card's Billing Address (if different than above): _____
    No. and Street

    _____ _____ _____
    City State Zip Code

    I hereby authorize LIASB to charge the amount of $_____ to the above credit card.

    Signature of Card Holder: _____ Date: _____