

Membership Application

Date: _____

Name: _____

Title: _____

Company: _____

Profession Category: _____

Email: _____

Address: _____

Phone: _____ Cell: _____

Connections meets the first 3 Tuesdays at 7 a.m. at the North Las Vegas Chamber Boardroom and on the fourth Tuesday at a selected member restaurant at 11:30 a.m.

PAYMENT

Annual Membership Dues: \$ 60.00

Check # _____ or CC # _____ Exp _____ Code _____

Card Type: _____ Visa _____ MC _____ AMEX _____ Discover

Signature _____ Phone: _____

Please make checks payable to the North Las Vegas Chamber of Commerce. Payments can be mailed to: 3365 W Craig Rd., Ste. 25, North Las Vegas, NV 89032 or sent in via fax at 702-642-0439.