

## Membership Application



## Our Mission

To Promote, Network, Validate & Provide Guidance for Lake Havasu City's Home-Based Business Community.

A Membership Based Business League with Checks & Balances to Ensure Reputation and Credibility.

The LHCHBBA is committed to enhancing the success of home-based businesses in the Lake Havasu region through education, support, advice and business services

2265 Swanson Ave. Ste. B., LHC, 86403 – 928-453-1188 Office – 928-453-1250 Fax

**Business Name:** \_\_\_\_\_ **LHC Bus. Lic. #** \_\_\_\_\_

**Description of Business** (or idea for business): \_\_\_\_\_

**How did you hear of us?:** \_\_\_\_\_

**Number of Years in Business** (in LHC): \_\_\_\_\_

**If Less than 1 Year, can you Submit 10 Letters of Reference:** Yes / No (circle one)

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Bus. Phone:** \_\_\_\_\_ **Res. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Which Services or Features prompted you to join the LHCHBBA:** \_\_\_\_\_

\_\_\_\_\_

**What Service or Feature would you like to see offered by LHCHBBA:** \_\_\_\_\_

\_\_\_\_\_

**Would you like to offer Discounts on your services to LHCHBBA Members:** 5% / 10% (circle one)

Please complete this membership application and sign below: Mail to the address shown along with a check for \$290 / year or \$85 for quarterly payments.

*I support the mission of the LHCHBBA and agree to offer my support, encouragement, ideas and resources to fellow members.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_