

**Cleveland/Bradley Chamber of Commerce
Leadership Cleveland Alumni Association**

Membership Application

Name: _____

Title: _____

Business: _____

Address: _____

Email Address: _____

Phone: _____ Cell: _____

Dues are \$25 per year.

I wish to pay by (circle one) Check VISA/MC AMEX Discover

Card Number _____ Expiration Date _____

Name on Card _____

Full Billing Address _____

CV Code (3 digits on back of card over signature) _____

Signature _____

Return to:

Cleveland/Bradley Chamber of Commerce

PO Box 2275

Cleveland TN 37320-2275

FAX: 472-2019 if charging

I would like to participate on one of the following committees as outlined in the LCAA brochure:

Scholarship

Communications

Graduation Dinner

Programs