

**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