



Membership Application

Date _____

Last Name _____

First Name _____

Firm Name: _____

Position _____

Firm Address _____

Work Phone _____

City/State/Zip _____

Fax _____

Email Address _____

Membership Category (Select One):

Individual Membership \$70 x 1= \$ _____

Corporate

2 Members \$65 x 2 members = \$ _____

Corporate/ 3 Members \$55 x 3 members = \$ _____

Corporate/ 4+ Members \$45 x 4+ members = \$ _____

Student Membership \$45 x 1= \$ _____

Initiation Fee

\$15 x ____ of members \$ _____

One time fee. Does not apply to Emeritus, Student or Renewing Members

Total Amount Due \$ _____

Make checks payable to: Advertising Federation of Las Cruces
2001 E. Lohman Ave. 110-141 Las Cruces, NM 88001

Tax ID #: 85-0444535

PLEASE LIST ADDITIONAL MEMBER NAMES AND ADDRESSES, IF APPLICABLE:

Name Address City, State, Zip Email

Name Address City, State, Zip Email

Name Address City, State, Zip Email