



Partnership Application

Annual Partnership \$250.00

Member Name _____ Title _____

Business/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (W) _____ (M) _____ Fax _____

E-Mail: _____ Web Site: _____

Credit Card #:

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 Expiration Date: _____

Signature as it appears on card: _____

Leesburg Partnership, Inc.
P.O. Box 490043, Leesburg, FL 34749-0043
(352) 365-0053 * Fax (352) 365-0082
<http://leesburgpartnership.com>

Leesburg Partnership, Inc. is a 501(c)3 Tax Exempt Organization.

