



## LEAGUE MEMBERSHIP FORM

www.laec.info

Name of Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Name of Voting Representative \_\_\_\_\_

Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Number of Permanent Stalls \_\_\_\_\_

Annual Facility Membership Fee - \$275

Note: Facility membership includes dues of voting representative.  
Each facility is allowed only one vote.

### ALLIED MEMBERSHIP

As a party or company interested in the League of Agricultural & Equine Centers, I wish to apply for an annual Allied Membership (non-voting).

Name of Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

Annual Allied Membership Fee - \$200

Credit cards accepted: VISA, MasterCard, American Express, Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Enclose payment and mail to:

League of Agricultural & Equine Centers

P.O. Box 23575

Lexington, KY 40523-3575