

## Partnership Application Annual Partnership \$250.00

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Doto			
Date_	 	 	

Member Name		Title				
Business/Organization						
Mailing Address						
City	State	_Zip Code				
Phone (W)	(M)	Fax				
E-Mail:		_Web Site:				
Credit Card #:		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.