

**LACKAWANNA COLLEGE TRAINING INSTITUTE
MEMBERSHIP APPLICATION**



Company Name: _____

Company Address:

Phone number: _____

Name and Title of Company Official (Please print)

Official's Phone Number _____ Email Address _____

Please check the box that best describes the size of your Company:

- Under 50 \$150 per year
- 51-100 \$250 per year
- 101-500 \$350 per year
- 501-1000+ \$500 per year

Enclose a check for the amount indicated for your company.

Authorizing Official's Signature

Title