



LEAGUE MEMBERSHIP FORM

info@laec.info www.laec.info

Name of Facility/Company _____

Center (minimum of 50 permanent stalls) Allied

Mailing Address _____

City, State, Zip _____

Name of Voting Representative _____

Title _____ Number of Permanent Stalls _____

Telephone _____ Cell Phone _____

Fax _____ Website _____

Email _____

Membership Fees

1 year - \$290.00*

3 years - \$757.50*

5 years - \$1,115.00*

*\$15.00 discount if paying with check or cash

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

Card # _____ Exp. Date _____ CSC # _____

Name on Credit Card _____

Cardholder signature _____

Enclose payment and mail to:

The League of Agricultural & Equine Centers
P.O. Box 125
Dripping Springs, Texas 78620