

**Winner’s Circle Board of Trustees Membership**

**Member**

Company Click or tap here to enter text.

Authorized Representative Click or tap here to enter text.

Title Click or tap here to enter text.

Address Click or tap here to enter text.

City Click or tap here to enter text. State Click or tap here to enter text. Zip Click or tap here to enter text.

Phone Click or tap here to enter text. Fax Click or tap here to enter text.

E-mail Click or tap here to enter text.

Signature Click or tap here to enter text.

**Investment Amount**

|  |
| --- |
| Dues for Choose an item. level of Board of Trustees $\_\_\_\_\_\_\_\_\_\_ *Less current dues paid*  $\_\_\_\_\_\_\_\_\_\_ **Amount required for\_\_\_\_\_\_\_ level of Board of Trustees** $\_\_\_\_\_\_\_\_\_\_ |
|  |

**Payment Information**

Type of Payment: [ ]  Check [ ]  Cash [ ]  Credit Card

Credit Card Number Click or tap here to enter text.

Exp Date Click or tap here to enter text. Sec Code Click or tap here to enter text.

**Sold By**

Volunteer’s Name Click or tap here to enter text.

Team Click or tap here to enter text. Date Click or tap here to enter text.

**Commerce Lexington Action**

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Entered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Copied to

**Return Form To: Commerce Lexington, Attn: Winner’s Circle, PO Box 1968, Lexington, KY 40588 or Fax (859) 233-3304**