



Winner's Circle Board of Trustees Membership

Member

Company _____

Authorized Representative _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Signature _____

Investment Amount

Dues for _____ 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 _____

Exp Date _____ Sec Code _____

Sold By

Volunteer's Name _____

Team _____ Date _____

Commerce Lexington Action

Approved by _____ Date _____

Entered by _____ Date _____

Copied to _____

