Membership Application

Name of Applicant: _____

Name of Business: _____

Address of Business: _____

Description of your business:

_____

_____

_____

_____

Does the Applicant own their property at the address of the business: YES NO
Does the Applicant have a long term lease for the property of the business: YES NO

Primary Contact Name & Title: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____

What year did your business begin or move to Lexington? _____

Events to volunteer your Time and Talents in Planning:

Spring Event (TBD)
Mid-Summer Tea Fundraiser (July)
Ghoulie Girls Night Out (Oct)
Wassel Walk & Holiday Open House (Nov)
Living Christmas Window (Dec)

LMA Record Keeping

Membership Dues $50 - 2026

Date Paid: _____ **Amount Paid:** _____ **Received By:** _____

Method of Payment: Check _____ **or Cash**