



Membership Application

Organization Name

Primary Contact- First and Last Name

Title

Email address

Mailing Address

City

State

Country

Postal Code

Website

() Phone - Primary Contact

() Fax

Type of Organization

Partnership/LLP Corporation/LLC Corporate Giving Program Public Charity

Private Foundation Corporate Foundation Independent Foundation

Membership Annual Dues

\$5,000.00*

***PLEASE SUBMIT PAYMENTS WITH APPLICATION. MAKE ALL CHECKS PAYABLE TO "LBG Research Institute".**

Organization Name

Signature and Title

Print Name and Title

**Print this page and mail with check to:
LBG Research Institute, Inc.
245 Long Close Road
Stamford, CT 06902**