

**LEXINGTON BUSINESS ASSOCIATION  
BUSINESS NETWORKING GROUP  
APPLICATION  
MEMBERSHIP/MEMBER PROFILE**

NAME:

DATE:

**BUSINESS INFORMATION**

BUSINESS NAME:

EMAIL ADDRESS:

ADDRESS:

TELEPHONE #:

FAX#

YEARS IN THIS BUSINESS:

DESCRIPTION OF YOUR BUSINESS:

BIRTHDAY:

**PERSONAL INFORMATION (optional)**

SPOUSE'S NAME:

CHILDREN:

HOBBIES:

ACTIVITIES OF INTEREST:

HOME ADDRESS/PH#: