

LA CROSSE BUILDERS EXCHANGE, INC.
427 Gillette St.
La Crosse, WI 54603

APPLICATION FOR MEMBERSHIP

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-Mail _____

Signature _____ Title _____

Classification of Firm _____

Representatives of your firm authorized to use the Plan Room:

Username: _____ Password: _____

(Create your own username & password for access to our website)

Approved _____

FULL MEMBERSHIP: \$275.00 per year paid annually in advance.

Memberships subject to approval by the Board of Directors. Payment to accompany application.

More than one classification or factual information line in the Membership Directory and Buyers Guide is \$10.00 each per year.

Phone: 608-781-1819

FAX: 608-781-1718

Email: planroom@laxbx.com

Website: www.laxbx.com
