


National Limousine Association
Change of Information Request

Company Name _____

Contact Name _____

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Telephone _____ Toll Free _____ Facsimile _____

E-mail _____ Web Address _____

Number of vehicles: _____

Circle All Vehicle Types in Your Fleet:

Sedan Luxury Sedan Van Luxury Van Mini-Van Executive Van Stretch Coach
Mini-Bus SUV Specialty Hybrid Alternative Fuel Wheelchair

Member of state, regional, local limousine association (name): _____

Cities/States served (2 service area listings are included in annual dues):

NLA policy requires separate memberships for each business entity.

1. City _____ State _____

2. City _____ State _____

Additional Cities/States:

Additional listings may be purchased for a charge of \$35.00/location.

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

6. _____

11. _____

7. _____

12. _____

TOTAL \$ _____

Member Signature _____ Date: _____

Credit Card Information: American Express MasterCard VISA

Card # _____ Expiration _____ Security Code _____

Name as it appears on card _____ Signature _____

Return form to:

NLA, 49 S. Maple Ave., Marlton, NJ 08053, USA

Phone: 856.596.3344 Toll Free: 800.652.7007 Fax: 856.596.2145

E-mail: info@limo.org

Website: www.limo.org