

  
**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	Stretch	SUV	Van	Coach	Hybrid	Specialty
Wheelchair Accessible	Mini-Van	Alternative Fuel	Executive Van	Mini-Bus		

**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](mailto:info@limo.org) Website: [www.limo.org](http://www.limo.org)