

MEMBERSHIP APPLICATION

Please complete and Return

Business Name- _____

Mailing Address- _____

Business Address- _____

Phone- _____ Fax- _____ Cell- _____

E-Mail** _____ Website- _____

Name of Owner= _____ Manager- _____

Preferred Contact- _____

Type of Business= _____

Date Business was Established= _____

To help us promote your business, either by referral or website listing, please describe your primary products or services.

Market area- Local State National International

of Employees- _____ Full Time Part Time

Please mark accordingly:

1-10 employees.....\$90.00 Individual Membership.....\$60.00

11-25 employees.....\$120.00 Church/Non-Profits..... \$60.00

26-50 employees.....\$150.00 Civic Organization.....\$60.00

51-200 employees..... \$300.00 Educational Facility.....\$60.00

201 and up employees.....\$600.00

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**Your email address is for Chamber communications use only. It will not be shared or forwarded.

Return form to: Lake Alfred Chamber of Commerce, PO Box 956, Lake Alfred, FL 33850

Date Received in Chamber Office _____