

# MEMBERSHIP APPLICATION

## Lake Wales Area Chamber of Commerce and Economic Development Council



340 W Central Avenue, PO Box 191, Lake Wales, FL 33859-0191

**PHONE: 863-676-3445 FAX: 863-676-3446**

www.lakewaleschamber.com info@lakewaleschamber.com

Company Name \_\_\_\_\_

Owner/Manager \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_

Primary Representative #1 \_\_\_\_\_

E-Mail \_\_\_\_\_

# Full-time employees \_\_\_\_\_ # Part-time employees \_\_\_\_\_

Year established \_\_\_\_\_ Category \_\_\_\_\_

Additional Authorized Representatives With E-Mail  
REP #2 \_\_\_\_\_

E-MAIL \_\_\_\_\_

REP #3 \_\_\_\_\_

E-MAIL \_\_\_\_\_

REP #4 \_\_\_\_\_

E-MAIL \_\_\_\_\_

I hereby agree to pay the listed dues annually, unless I notify the Chamber in writing of my intent to cancel. The total, less the one-time application fee, will be billed annually. The applicant agrees to abide by the Chamber's bylaws, rules and regulations, and to adhere to honest and ethical business practices.

Signature \_\_\_\_\_

### Membership Investment Dues Schedule

- Resident Partner (Individual or Retired Booster) \$ 95  
(No business listing—can't vote or hold office)
- Community Partner (charitable and civic organizations, including churches) \$ 125
- Business Partner (0-50 employees) \$ 250
- Business Partner (51-200 employees) \$ 600
- Business Partner (201+ employees) \$ 1,200
- Financial Institutions (ie. banks, credit unions) \$ 1,200
- Trustee Investor (does not include dues) \$ 1,000
- Economic Partner (includes dues & Trustee) \$ 2,500
- President's Circle (includes dues & Trustee) \$ 5,000

INVESTMENT DUES TOTAL \$ \_\_\_\_\_

#### EXTRAS

Additional professional listings (lawyers, CPAs, Realtors, etc.) main company must pay regular partner dues - \$95 per additional professional listing

# \_\_\_\_\_ x \$95 = \$ \_\_\_\_\_

Additional category listings in Membership and Website Directories (list here)

# \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

INVESTMENT & EXTRAS TOTAL \$ \_\_\_\_\_

NEW MEMBER Application Fee \$ 25

TOTAL OWED \$ \_\_\_\_\_

PAYMENT:  Enclosed is check for \$ \_\_\_\_\_  Please send invoice  Charge to VISA or MASTERCARD

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Exact Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_