

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 _____