

New Membership Application

Business Name: _____ Category: _____

Owner or Contact: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ Cell # _____

Web-page _____ E-mail address: _____

Investment Level:

- Investor Level: \$2000.00 Benefactor Level: \$950.00 Friend Level: \$425.00
- Business Level: \$200.00 Non-Business Level: \$60.00 President Level \$2500
- \$50 for Hot Link (optional)

Additional Category Listing: \$25.00 (*Exception-Investor and Benefactor Levels*)

Additional Business: \$50.00 (*Exception-Investor and Benefactor Levels*)

Category Listing _____ Phone # _____

Web-page _____ E-mail: _____

Investment Level	\$ _____
Additional Category Listing	\$ _____
Additional Business Listing	\$ _____
A la Carte Pricing (from form)	\$ _____
Total Membership Dues	\$ _____

	Paid in Full _____
Four Month Plan (¼ paid now, rest paid in ¼ payments for the next 3 months)	_____
Quarterly Plan (¼ now, rest each ¼ of the year, billed in September, December, March; additional \$20 handling fee)	_____
Semi-Annual Plan (½ paid now, balance paid in January; additional \$20 handling fee)	_____

SIGNATURE _____ Date _____

Your signature indicates you agree to the above stated terms for membership in the Lake West Chamber of Commerce.

Some events may have additional participation fees. Payment options are available for all investment levels.

IF YOU WERE REFERRED PLEASE LET US KNOW BY WHOM: _____



MISSOURI CHAMBER
OF COMMERCE AND INDUSTRY



Office Use Only	Date Joined: _____	Ck#: _____	CC Payment: _____	Payment Plan: _____
Ribbon Cutting: _____	Web/Membership Database: _____	E-Mail: _____	Quick Books: _____	