

Business Name: _____ Category: _____
 Owner or Contact: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 BuPhone # _____ Fax # _____ Cell # _____
 Web-page _____ E-mail address: _____

INVESTMENT LEVEL

- President: \$3,100
 Investor: \$2,500
 Patron: \$1,900
 Benefactor: \$1,225
 Business: \$615
 Associate: \$360
 Non-Profit: \$150
 Optional Hot Link: \$50.00

Additional Category Listing: \$50 (*Exception-President, Investor, Patron and Benefactor Levels*)

Additional Business: \$50 (*Exception-President, Investor, Patron 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	_____
Quarterly Plan (¼ now, rest each ¼ of the year, billed in September, December, March; additional \$20 handling fee)	Four Month Plan (¼ paid now, rest paid in ¼ payments for the next 3 months)	_____
	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.

Mail to:
 Lake West Chamber
 PO Box 340
 Sunrise Beach, MO 65079

Membership is valid annually from June 1st to May 31st.

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: _____



Office Use Only Date Joined: _____ Ck#: _____ CC Payment: _____ Payment Plan: _____
 Ribbon Cutting: _____ Web/Membership Database: _____ E-Mail: _____ Quick Books: _____
 Web banner ordered: _____ Physical Banner ordered: _____ Social Media: _____ Sales Person: _____