

PLEASE TYPE OR PRINT LEGIBLY

Business (or individual) Name _____ Date _____

Contact Person(s) (1) _____ (2) _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Do you want to receive email updates from the Chamber re: Ribbon Cuttings, reminders, etc? These are generated several times weekly Yes _____ No _____

Website: www. _____

Who referred you to CCLACC? _____

Please write a sentence that BEST describes your business services: _____

Are you interested in serving as an Ambassador or on Committees? _____

YOUR MEMBERSHIP INVESTMENT

Business Members

| | |
|--|------------|
| 01- 02 person business..... | \$205.00 |
| 03-05 person business..... | 240.00 |
| 06-10 person business..... | 340.00 |
| 11-25 employees..... | 440.00 |
| 26-50 employees..... | 535.00 |
| 51-75 employees..... | 645.00 |
| 76-100 employees..... | 685.00 |
| 101-125 employees..... | 900.00 |
| 126 + employees..... | 950.00 |
| Associate (Ind. Realtor, etc. if associated with member Company)..... | 105.00 |
| Individuals..... | 105.00 |
| Retirees (65 & Over)..... | 50.00 |
| Non-Profits..... | 105.00 |
| School Districts..... | 250.00 |
| Post Offices..... | 250.00 |
| Utilities/Banks..... | Negotiated |
| Fire Departments..... | 50.00 |
| Cities..... | 200.00 |

AUTHORIZATION FOR LINK TO:
www.cedarcreeklakechamber.com

COMPANY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

WEB ADDRESS: _____

Check enclosed for \$25 _____ or charge Visa/MasterCard \$25 _____

CONTACT NAME: _____

SIGNATURE: _____

CREDIT CARD PAYMENT FORM

We Accept Visa/ MasterCard/Discover

If you wish to pay by credit card, please complete the following information:

Name of Organization or Individual Member: _____

Visa _____ MasterCard _____ Discover _____

Expiration Date: _____ Zip Code _____

Credit Card Number: _____

Name on Credit Card: _____

(Please Print)

Amount Authorized \$ _____ CVV _____

Signature: _____ Date: _____

Your membership & support of CCLACC is appreciated!

| | | | |
|---|----------------------------------|--|---------------------------------------|
| For office use only | NCOA <input type="checkbox"/> | Outlook <input type="checkbox"/> | Chamber list <input type="checkbox"/> |
| R/C <input type="checkbox"/> | Weblink <input type="checkbox"/> | Notification list <input type="checkbox"/> | Dues list <input type="checkbox"/> |
| Copy to President. <input type="checkbox"/> | | | |