

**PLEASE TYPE OR PRINT LEGIBLY**

Business (or individual)  
Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person(s)  
(1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City you are physically located in  
(or closest to if out of any citylimits): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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.....  | \$165.00   |
| 03-05 person business.....   | 200.00     |
| 06-10 person business.....   | 300.00     |
| 11-25 employees.....   | 400.00     |
| 26-50 employees.....   | 480.00     |
| 51-75 employees.....   | 570.00     |
| 76-100 employees.....  | 650.00     |
| 101-125 employees.....   | 850.00     |
| 126 + employees.....   | 900.00     |
| Associate (Ind. Realtor, etc. if associated<br>with member Company)..... | 95.00      |
| Individuals.....   | 100.00     |
| Retirees (65 & Over).....  | 50.00      |
| Non-Profits.....   | 65.00      |
| School Districts.....  | 250.00     |
| Post Offices.....  | 250.00     |
| Utilities/Banks.....   | Negotiated |
| Fire Departments.....  | 50.00      |

**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: \_\_\_\_\_

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**CREDIT CARD PAYMENT FORM**

*We Accept Visa and MasterCard*

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

Name of Organization or Individual Member:

\_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

(Please Print)

Amount Authorized \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your membership & support of CCLACC is appreciated!