

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

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

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	\$ _____
Optional Hot Link (\$50)	\$ _____
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.

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

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: _____



Lake West
CHAMBER



MISSOURI CHAMBER
OF COMMERCE AND INDUSTRY



Facebook.com/LakeWestChamber



x.com/lakewestmo

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: _____