

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
 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	
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

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: _____	