



Membership Application

Date: _____

Firm/Company Name: _____

Principal Contact: _____ Position: _____

E-Mail: _____

Phone: _____ Fax: _____

Address: _____

Address2 _____

City: _____ State: _____ Zip Code: _____

Web Site: _____

Invited by: _____

Business Description: _____

Committee Preferences:

Please indicate which committees you would like to serve on.

Ambassador Education Governmental Affairs

Manufacturers Small Business Special Events

Annual Dues are \$225 plus \$7 for each employee.

Number of Employees _____

Total Annual Dues: _____

Mail this form with payment to:

**Lakeshore Chamber of Commerce
7120 Indianapolis Boulevard
Hammond, IN 46324**