

# Membership Application Form

Thank you for your interest in becoming a member of the Lakeshore Chamber of Commerce. Please complete the form below to become a member.

## Organization Information:

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Physical Address:

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Web Site: \_\_\_\_\_

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

LinkedIn \_\_\_\_\_ Facebook: \_\_\_\_\_

### Billing Address

same as physical address

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Primary Representative

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Contact Preference:  email  phone

same as physical address

Address 1 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

### Alternate Representative

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### Additional Information

Year Established: \_\_\_\_\_

Referred By: \_\_\_\_\_

How did you hear about us. \_\_\_\_\_

What is your reason for joining: \_\_\_\_\_



## MEMBERSHIP INVESTMENT

Your membership investment is based on the *number of full-time employees* in your company, including management/owner.

**Membership Investment:** Your total annual investment is \$225 plus \$7 for each employee.

**Investment:** \$ 225.00

Number of Employees (\_\_\_) x \$7.00 = + \_\_\_\_\_

**Total Annual Investment:** \_\_\_\_\_

*Committees* are an excellent way to meet fellow chamber members. They also act as an ideal way to develop your employees. Through our committee structure, employees are offered an opportunity to enhance their team building, leadership and creative thinking skills. If you are interested in getting involved in one of our committee please select below.

Please indicate which committees you would like to serve on.

Membership     Workforce Ready     Small Business     Special Events

Submit application either by:

**Mailing to:** Lakeshore Chamber of Commerce

7120 Indianapolis Boulevard

Hammond, IN 46324

OR **Email application to:** [lcc@lakeshorechamber.com](mailto:lcc@lakeshorechamber.com)

Payments can be made by check to: Lakeshore Chamber of Commerce

Or over the phone by credit card with Visa, MasterCard, Discover and American Express.

Call Lakeshore Chamber at (219) 931-1000