

# MEMBERSHIP

Fostering  
hometown culture.  
Driving exponential  
success.

To apply for membership please complete all questions.

Member / Company Name :

Date:

☐ Please check if this is a sister or child company of a current member.

Month

Day

Year

Membership Level (please check most appropriate):

☐

General

☐

Non-Profit

☐

Individual/Senior

☐

Bank

☐

School

☐

Utilities

☐

Healthcare

Number of Employees:

Annual Investment:

Full-Time or Equivalent

Part-Time

(Based on FTE, Rates below)

Number of Employees:\*

1-4: \$250

50-74: \$725

5-9: \$290

75-99: \$875

10-19: \$300

100-124: \$920

20-29: \$445

125-149: \$1035

30-39: \$500

150+: \$1150

40-49: \$510

By Category:\*

Home-Based Business: \$150

School: \$340

Bank: \$460

Non-Profit: \$200

Bank Branch: \$125

Associate: \$105

Utilities: \$950

Non-Business Individual: \$65

Healthcare: \$600

Senior Citizen: \$50

\*A one-time registration fee of \$30.00 will be applied at initial sign-up

Primary Contact Full Name:

Business Phone:

Business Full Address:

Mailing Address (if different):

Website:

Primary Email:

List Key Personnel, Titles, & Emails (Please denote the billing contact with an (\*) if different than primary)

All memberships and subsequent renewals are subject to approval by the Chamber of Commerce Board of Directors.

Signature

901 S. Detroit St., LaGrange, IN 46761  
(260) 463-2443  
sara@lagrangechamber.org