



TRI-LAKES
 CHAMBER OF COMMERCE
 ECONOMIC DEVELOPMENT
 VISITOR CENTER

Membership Application

I would like to apply for membership with the Tri-Lakes Chamber of Commerce. I am aware Membership Investments are payable in full and are for a term of 12 months commencing on Anniversary Date.

Today's Date: _____

Business Name: _____

Physical Address: _____ City: _____ Zip _____

Do you want this address published? Yes _____ No _____

Mailing Address: _____ City: _____ Zip _____

Primary Phone: _____ Fax: _____

Primary Email: _____

Website: _____ Referred by: _____

Primary Representative: _____ Title: _____

Email: _____ Cell Phone: _____

Additional Representative: _____ Title: _____

Email: _____ Cell Phone: _____

Hours of Operation: _____

Brief description of products and/or services: _____

Please email a .jpg of your logo to Nathan@trilakeschamber.com.

Chamber membership dues may be tax deductible as an ordinary business expense.
 Dues paid to the Chamber are not a charitable tax deduction for income tax purposes.
 The Chamber is a non-profit entity working as an advocate for the business community.



Annual Membership Level & Dues

Stakeholder Level	\$5000
Leader Level	\$2500
Growth Level	\$1250
Main Street Level	\$ 600
Classic Level	\$ 275

Membership Investment _____

Breakfast Club Annual Membership \$75 _____

Total Investment _____

Total # of full-time employees: _____ **Total # of part-time employees:** _____

(Part-time staff, scheduled less than 30 hours per week, count as 1/2 of a full-time employee. Owner is included in employee count.)

*Please call if you would like to discuss possible monthly billing options for certain membership levels.

Please circle form of payment – VISA / MC / Check:

Card #: _____

Name on Card: _____ Exp. Date: ____ / ____ CID#: _____

Billing Address for Card: _____

City: _____ State: _____ Zip: _____

Check Enclosed: # _____ Amount: _____ Cash: \$ _____