

PLEASE TYPE OR PRINT LEGIBLY

Business (or individual)

Name _____ Date _____

Contact Person(s)

1) _____ (2) _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Do you want to receive email updates from the Chamber re: Ribbon Cuttings, reminders, etc? These are generated several times weekly Yes _____ No _____

Website: www. _____

Who referred you to CCLACC? _____

Please write a sentence that BEST describes your business services: _____

Are you interested in serving as an Ambassador or on Committees? _____

YOUR MEMBERSHIP INVESTMENT

Business Members

01- 02-person business..... \$220.00
03-05-person business..... 255.00
06-10-person business..... 355.00
11-25 employees..... 455.00
26-50 employees..... 545.00
51-75 employees..... 645.00
76-100 employees..... 685.00
101-125 employees.....900.00
126 + employees.....950.00

Individuals.....110.00
Retirees (65 & over) 50.00
Non-Profits.....130.00
School Districts.....250.00
Post Offices.....250.00
Utilities/Banks..... Negotiated
Fire Departments.....50.00
Cities.....200.00 For office

AUTHORIZATION FOR LINK TO:
www.cedarcreeklakechamber.com

COMPANY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

WEB ADDRESS: _____

Check enclosed for \$25 _____ or charge my credit card \$25 _____

CONTACT NAME: _____

SIGNATURE: _____

CREDIT CARD PAYMENT FORM

We Accept Visa/ MasterCard/Discover

If you wish to pay by credit card, please complete the following information:

Name of Organization or Individual Member:

Visa _____ MasterCard _____ Discover _____ AMX _____

Expiration Date: _____ Zip Code _____

Credit Card
Number: _____ CVV _____

Name on Credit Card: _____

(Please Print)

Amount Authorized \$ _____

Signature: _____ Date _____

For office use only NCOA Outlook ☐ Chamber list ☐
R/C ☐ Weblink ☐ Notification list ☐ Dues list ☐ Category _____

Copy to President ☐ Webmaster ☐ Paid ☐ New Member 2025

