



CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name:

Main Telephone: General Email: Fax:

Address:

City: State: ZIP Code:

Website:

PRIMARY CONTACT INFORMATION

LZACC Main Contact (First/ Last Name):

Email Address:

Use Email for (choose all that are applicable): Weekly Newsletter LZACC Event Invites LZACC Member Specials

Direct Telephone:

Who referred you to LZACC? Mail address if different than main:

BUSINESS INFORMATION NEEDED

Business Category:

Number of Employees: Full Time _____ Part Time: _____

Business Description (200 characters or less): _____

MEMBERSHIP INVESTMENT

<input type="checkbox"/> 1-5 Full Time Employees \$250 (+\$25 new member processing fee)	<input type="checkbox"/> Not-for-Profit Organizations \$165 (+\$25 new member processing fee)
<input type="checkbox"/> 6-20 Full Time Employees \$325 (+\$25 new member processing fee)	<input type="checkbox"/> Government Agencies \$365 (+\$25 new member processing fee)
<input type="checkbox"/> 21-50 Full Time Employees \$390 (+\$25 new member processing fee)	<input type="checkbox"/> Hospitals \$365 (+\$25 new member processing fee)
<input type="checkbox"/> 51-100 Full Time Employees \$470 (+\$25 new member processing fee)	<input type="checkbox"/> Utilities \$365 (+\$25 new member processing fee)
<input type="checkbox"/> 101+ Full Time Employees \$525 (+\$25 new member processing fee)	<input type="checkbox"/> Additional Location Listing \$100 per location

Membership dues may be tax deductible as a business expense, they are not deductible as a charitable expense

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ADDITIONAL OPPORTUNITIES

Additional Business Classification (\$25 each/ billed annually)
 Adding an additional classification allows your business to be viewed in more than one business classification online, the LZACC mobile app, and in print. **Additional classification(s):**

Enhanced Web Listing (\$50 billed annually)
 Includes logo, website link, and priority placement on Category Search Page, logo and photo on member page, additional keywords for maximum search optimization, additional business description space, verbiage added to the results search page, bulleted description verbiage on member page, link on member page to maps to locate your business

BILLING INFORMATION

If billing contact/ address is different from the Primary contact

Billing Contact Name:		Billing Contact Email:	
Address:	City:	State/ Zip:	

PAYMENT INFORMATION

<input type="checkbox"/> Check payable to LZACC enclosed	<input type="checkbox"/> Bill Credit Card
Choose 1: Visa/ MasterCard/ Discover/ American Express	Number:
Expiration Date:	CVV Code:
Billing Address (street number only):	Billing Zip:
Signature:	

INFORMATION - INVOLVEMENT

The Chamber has volunteer committee networking opportunities – are you interested in:

<input type="radio"/> EXPO (Spring Event)	<input type="radio"/> Golf Outing (Summer Event)
<input type="radio"/> Taste of the Towns (Early Fall Event)	<input type="radio"/> Educational Programs
<input type="radio"/> Government Affairs	<input type="radio"/> Awards Gala (Winter Event)
<input type="radio"/> Marketing	<input type="radio"/> Educational Programs