

PLEASE TYPE OR PRINT LEGIBLY

Business (or individual)

Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City you are physically located in (or closest to if out of any city limits): \_\_\_\_\_

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.....	\$200.00
03-05 person business.....	235.00
06-10 person business.....	335.00
11-25 employees.....	435.00
26-50 employees.....	530.00
51-75 employees.....	640.00
76-100 employees.....	680.00
101-125 employees.....	900.00
126 + employees.....	950.00
Associate (Ind. Realtor, etc. if associated with member Company).....	100.00
Individuals.....	100.00
Retirees (65 & Over).....	50.00
Non-Profits.....	100.00
School Districts.....	250.00
Post Offices.....	250.00
Utilities/Banks.....	Negotiated
Fire Departments.....	50.00
Cities.....	200.00

AUTHORIZATION FOR LINK TO:  
www.cedarcreeklakechamber.com

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

Check enclosed for \$25 \_\_\_\_\_ or charge Visa/MasterCard \$25 \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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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 \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

(Please Print)

Amount Authorized \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your membership & support of CCLACC is appreciated!