

PLEASE TYPE OR PRINT LEGIBLY

Business (or individual)

Name _____ Date _____

Contact Person(s) _____

(1) _____ (2) _____

Low _____

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.....	\$195.00
03-05 person business.....	230.00
06-10 person business.....	330.00
11-25 employees.....	430.00
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 _____

Credit Card Number: _____

Name on Credit Card: _____

(Please Print)

Amount Authorized \$ _____

Signature: _____

Date: _____

Your membership & support of CCLACC is appreciated!