



MEMBERSHIP APPLICATION

NAME OF BUSINESS: _____

BUSINESS DESCRIPTION (up to 10 words) _____

PHONE: _____ FAX: _____ EMAIL: _____

WEB ADDRESS: _____ WEBSITE BUSINESS CATEGORY: _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ TITLE: _____

TYPE OF BUSINESS: _____

NUMBER OF FULL TIME EQUIVALENT EMPLOYEES: _____ (Full time employees = 40 hr. per week)

I would like to receive the Chamber email blast Yes No _____
Additional email blast address

I would like a Map Link on website listing Yes No _____
Referral Type (Office Use Only) _____

Check out our Website: www.lafayettechamber.org Place  address here: _____

Place  address here: _____ Place  address here: _____

Applicant agrees to pay annual membership dues of \$_____ to the Lafayette Chamber of Commerce. Annual dues are based on number of full time employees (see rates below.) Membership will be continuous until cancelled by the member or terminated by the Chamber. Membership renewal is billed annually in the month the membership began. To terminate your membership, a 30 day notice is required!

1 - 2.....\$210	11 - 25....\$525	Out of TownTBD based on # of employees
3 - 5.....\$300	26 - 50....\$655	Non-Profit.....\$165
6-10.....\$410	51 -100...\$925	Additional Listing.....\$110
	101+..... \$1065	Friends..... \$100 (not listed on website)

Membership Application Fee (One Time)....\$25 (Fee does not apply to Additional Listing or Friends)

METHOD OF PAYMENT: Visa/MC# _____ Exp. Date _____ (OR) CHECK #: _____

Signature: _____ Date: _____

I would like to subscribe to automatic billing of my membership dues. I understand my credit card will be automatically charged annually on the first of my anniversary month. My membership will automatically renew for one year.

All sensitive credit card information will be shredded upon payment confirmation!