

Membership Application

Business Name _____ Phone # _____

Business Address _____ Fax # _____

_____ E-Mail _____

Mailing Address _____ Web _____

_____ Cell # _____

Applicant Name _____ Title _____

Designated Voting Member _____ Additional Phone # _____

Other representatives that may participate in Chamber activities: _____

Information about your business/organization that may be publicized: _____

Number (as applicable) of: _____ Employees _____ Rooms _____ Seating _____ Units

Annual Membership: \$ _____

Method of Payment: _____ Cash # _____ Check _____ Visa/MC--Card # _____ Exp. _____

By my signature below, I affirm that:

- the information provided herein is true and correct as of the date of this application
- the applicant subscribes to the objectives, purposes and programs of the Greater Lake Placid Chamber of Commerce
- dues are refundable only if the applicant is denied membership
- once approved, the designated voting member may be changed only by the Owner or Chief Executive Officer of the business/organization by written notice
- a member may resign membership on written notice only, and shall be removed from membership if annual dues are over 90 days in arrears

(Applicant's Signature)

Chamber Representative

Date

MEMBERSHIP IS CONTINUOUS UNLESS CANCELLED IN WRITING. MEMBERSHIP DUES ARE NOT TAX DEDUCTIBLE AS A CHARITABLE CONTRIBUTION. HOWEVER, THEY ARE DEDUCTIBLE FOR MOST MEMBERS AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE.

For Office Use Only: _____ FMP _____ QB _____ Web
_____ Letter _____ Newsletter _____ Luncheon
_____ Directory Update _____ Lunch Call

Business Category _____

The Greater Lake Placid Chamber of Commerce

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