

Membership Application



MISSION STATEMENT

"To Promote and Advance the Civic, Economic, and Social Welfare of the Community of Lehigh Acres, Florida"

I/We hereby apply for membership in the Lehigh Acres Chamber of Commerce, Inc. I agree to abide by LACC bylaws, support its mission, and pay the applicable membership dues. I understand this application is subject to approval by the Board of Directors. This membership shall be in effect for twelve (12) months from the month of its approval by the Chamber Board of Directors. Membership is renewable for twelve (12) months periods upon payment of membership dues plus any outstanding balance.

Date of Application: ___/___/___ Referred By: _____ Membership Rep. _____

Please check one category: Business Organization Government/School Individual

Please Note: *Information marked with a * below will appear on the web page and other Lehigh Acres Chamber of Commerce publications.*

*Company/Group or Individual Name: _____

Note: *Please submit legal versus trade name if applicable*

*Contact Name: _____

*Address: _____

*City/State/Zip: _____

*Phone Number: _____

*Fax Number: _____

*Email Address: _____

*Website Address: _____

URL Address: _____

Note: *This is the address to connect to your website homepage!*

Business License Number / Tax ID Number: _____

Note: *Former Occupational License No.*

Number Employees: _____

Full- and Part-Time

Sales Associates: _____

example: Agents

Type of Business/Category: _____

_____ + \$25.00 = _____
Twelve Month Dues One-time Administrative Fee Total Payment:

Authorized Signature: _____

Date Received in Chamber Office: ___/___/___

Please describe your business/organization:

If you have a business/organization logo and a picture of the contact person in JPG format, please email it to ibaker@LehighAcresChamber.org