

MEMBERSHIP APPLICATION

COMPANY NAME _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: (if different from above)

PRIMARY CONTACT: _____ TITLE: _____

E-MAIL ADDRESS: _____

WEB SITE: _____

BUSINESS PHONE: _____ FAX: _____

CELL PHONE: _____ TOLL-FREE: _____

TELL US ABOUT YOUR BUSINESS:

HOURS OF OPERATION: _____

Annual Investment:

\$130.00 Non-Profit Organization	\$250.00 4-7 Employed
\$130.00 Associate/Non Business	\$310.00 8-11 Employed
\$190.00 Business Individual	\$370.00 12-15 Employed
\$190.00 1-3 Employed	\$430.00 16-19 Employed
	\$490.00 20 and Over Employed

Administrative Fee: **\$25.00** (New Members Only)

Date	Signature	Amount Enclosed
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Make Checks payable to **LKCC** or pay by credit card:

(VISA/MC)#: _____ Exp. ___/___

Members With a Vote: In district West of Seven-Mile Bridge to Stock Island Business Members.

Members Without a Vote: Out-of-District Members; Associate Members and Reciprocal Members.

FOR OFFICE USE ONLY

Date Received: _____ Check No.: _____ Date Approved by Board: _____ Recommended by: _____
QBKS _____ ACCESS _____ Email _____ ADD Web _____ Copies _____
Welcome _____ Membership Welcome Packet _____ Fish Bowl _____ Chamber
Compass _____