

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: _____

Give a brief statement about your business for the Chamber Compass newsletter:

HOURS OF OPERATION: _____

Annual Investment:

- | | |
|---|---|
| <input type="checkbox"/> \$130.00 Non-Profit Organization | <input type="checkbox"/> \$310.00 8-11 Employees |
| <input type="checkbox"/> \$130.00 Associate/Non-Business Individual | <input type="checkbox"/> \$370.00 12-15 Employees |
| <input type="checkbox"/> \$190.00 Business 1-3 Employees | <input type="checkbox"/> \$430.00 16-19 Employees |
| <input type="checkbox"/> \$250.00 4-7 Employees | <input type="checkbox"/> \$490.00 20 and over Employees |

One-time Administrative Fee: **\$25.00** (New Members only)

_____	_____	\$ _____
Date	Signature	Amount Enclosed

Make checks payable to **LKCC** or pay by credit card:

(VISA/MC)#: _____ Exp: ____/____ Security Code: _____

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.

Please email your logo to us asap, so we have it for inclusion in the Chamber Compass newsletter.

Lower Keys Chamber of Commerce, PO Box 430511, Big Pine Key, FL 33043