



MEMBERSHIP APPLICATION

Date: _____
Firm: _____
Principal Contact: _____ **Position:** _____
Phone: _____ **Fax:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Web Site: _____
E-Mail: _____
Invited by: _____
Business Description: _____

Annual Dues: _____

Dues: \$225 plus \$7 per employee **Number of Employees:** _____

Committee Preferences:

Please indicate which committees you would like to serve on.

<input type="checkbox"/> Ambassador	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Small Business	<input type="checkbox"/> Education
<input type="checkbox"/> Special Events	<input type="checkbox"/> Governmental Affairs

Mail this form with payment to:

Lakeshore Chamber of Commerce

5246 Hohman Avenue Suite 100

Hammond, IN 46320

Phone: (219) 931-1000 Fax: (219) 937-8778

www.lakeshorechamber.com