



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.

_____ Ambassador

_____ Education

_____ Small Business

_____ Special Events

_____ Governmental Affairs

Mail this form with payment along with a business card to:

Lakeshore Chamber of Commerce

5246 Hohman Avenue Suite 100

Hammond, IN 46320

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

www.lakeshorechamber.com