



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: \$205 plus \$7 per employee **Number of Employees:** _____

Committee Preferences:

Please indicate which committees you would like to serve on.

___ **Ambassador**

___ **Education**

___ **Governmental Affairs**

___ **Manufacturers**

___ **Small Business**

___ **Special Events**

___ **Other**

Mail this form with payment to:

Lakeshore Chamber of Commerce

5246 Hohman Avenue Suite 100

Hammond, IN 46320

(219) 931-1000

www.lakeshorechamber.com