



## 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](http://www.lakeshorechamber.com)