

Membership Application

Name/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Phone: () : _____

Primary Contact Person/Title: _____ Email: _____

Billing Contact Person/Title: _____ Email: _____

Website: _____

Type of Business: _____ No. of Employees (Full-Time or FT Equivalent): _____
(Business Directory Listing) _____

Membership Category: _____ Membership Dues (tax-deductible and renewable annually): _____

Authorized Signature: _____ Today's Date: _____

Payment information:

- Check enclosed. Mail to LC Chamber, 101. W. Center Street, Lake City, MN 55041
- Please send me an invoice. Complete form and e-mail to lcchamber@lakecity.org
- I would like to pay on a monthly basis through an electronic fund transfer. Please send information on how to set this up. Complete form and e-mail to lcchamber@lakecity.org

Interested in participating on a committee?

- No thank you.
- Yes! I'd like to get involved with Water Ski Days, Tour de Pepin, Junk Crush, Ambassadors, Retail Committee, Manufacturing & Large Employers, and/or other Chamber programs or events.