



Mailing Address: P.O. Box 295 · Lakeport, CA 95453
Office Location: 875 Lakeport Blvd., at Vista Point
Phone: (707) 263-5092 · Fax: (707) 263-5104
E-Mail: info@lakecochamber.com · Web Site: www.lakecochamber.com

Membership Application

Mission Statement: To promote the economic vitality and prosperity of our region.

Vision Statement: The Chamber will be the catalyst in transforming the region into an attractive and inviting Destination for business and a great quality of life.

Please PRINT all Information

Business Name: _____ Date: _____

Number of Persons, including owners: _____

How did you hear about the Chamber? _____

Did someone refer you? ____ Who? _____

Public Contact Information:

This information should be the contact information you want the public to have, it will be available in the Membership Directory portion of the Destination Magazine and the Chamber Website.

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

(if different from mailing address)

If this is a Home-Based Business—Do you want your physical address published? [] YES [] NO

Phone: _____ Fax: _____

Website: _____ Email: _____

Annual Business Investments

_____ Chamber Benefit Package #1 \$300

_____ Enhanced Benefit Package #2 \$650

_____ Premier Benefit Package #3 \$850

_____ Corporate / Community Partners Benefit Package #4 \$1500

_____ Individual and / or Retired (Without Business Affiliation) Package #1 \$150

_____ All Volunteer Organizations (No Paid Staff) Package #1 \$150

Total Amount Due _____

(Please Complete Reverse Side)

Chamber Primary Contact Information:

This should be information on the person who will be the main contact for Chamber Business. The phone and email address should be for private contact between your company and the Chamber and will not be given out publicly.

Primary Contact Person: _____ Title: _____

Email: _____ Phone: _____

Secondary Contact Person: _____ Title: _____

Email: _____ Phone: _____

NOTE: Do we have your permission to notify you via e-mail regarding Chamber and community events?

Yes No Please Initial: _____

Membership Directory & Website Category Listing:

One free listing in the Membership Directory portion of the Destination Magazine and the Chamber Website is included with your membership.

Business Classification:

DUES PAYMENT may be made by credit card: VISA and MasterCard accepted.

Credit Card #: _____ VISA M/C Expiration Date: _____

VCode: _____

Name as it appears on card _____

Billing address for card _____

Signature: _____ Date: _____

Does your business require industry certification? Yes No

Required License # _____ Local State Federal

(Examples: DRE#, Contractor's License #, etc.)

Please list any industry certifications held by yourself or employees of your business:

Signature: _____

Application MUST be signed to be valid.

Printed Name: _____