

THE
LAPEER AREA
CHAMBER OF
COMMERCE
WORKS FOR YOUR
BUSINESS BY
OFFERING.....

LAPEER AREA CHAMBER OF COMMERCE

extends an

Invitation to Membership

MEMBERSHIP APPLICATION

We accept your invitation to membership in the Lapeer Area Chamber of Commerce

Firm Name: _____ Date: _____

Address/City/State/Zip: _____

Owner or Manager: _____

Website: _____

E-mail: _____

Phone: _____ Fax: _____

Type of Business: _____

Total Employees (2 partime = 1 full time): _____ full-time _____ part-time

Our Annual Chamber Investment is.....\$ _____

I wish to make my initial membership payment in 1 2 **OR** 3 installments
(installments must be secured with a/credit card)

Total Investment.....\$ _____ (see reverse for membership
fee schedule)

Credit Card no: _____

Name on Card: _____

Exp. Date: _____ Zip Code: _____

(Signed) _____

(Title) _____

Describe your business for our members:

- Blue Cross Insurance programs**
- Wake Up Lapeer Business Networking**
- Chamber View/LA View Visibility and advertising discounts**
- Business Referrals**
- Membership Directory 5,000 distribution Lapeer County**
- Website listing & Link**
- Business Seminars & Training Programs**
- Business After Hours**
- Workforce Development Efforts**
- Monthly "Business Connections" Newsletter**
- Business Connections Bonus flyer inserts**
- State & National Affiliations**
- Information Resource**
- Referral Rewards Program**
- Community Events**
- Office Depot Discounts**
- MUCH MUCH MORE!**