

Membership Application



**Greater
Lehigh Acres
Chamber of Commerce**

MISSION STATEMENT

"To Promote and Advance the Civic, Economic, and Social Welfare of the Community of Lehigh Acres, Florida"

I/We hereby apply for membership in the **Greater Lehigh Acres Chamber of Commerce, Inc.** I agree to abide by GLACC bylaws, support its mission, and pay the applicable membership investments. I understand this application is subject to approval by the Board of Directors. This membership shall be in effect for twelve (12) months from the month of its approval by the Chamber Board of Directors. Membership is renewable for twelve (12) months periods upon payment of membership investments plus any outstanding balance.

Date of Application: / / Referred By: _____ Chamber Rep. _____

Please check one category: Business Non-Profit Individual

Please Note: *Information marked with a * below will appear on the web page and other Greater Lehigh Acres Chamber of Commerce publications.*

*Company/Group or Individual Name:

Note: Please submit legal name

*Company/Group or Individual Name:

Note: Please submit trade name if applicable

*Contact Name:

*Address:

*City/State/Zip:

*Phone Number:

*Fax Number:

*Email Address:

*Website Address:

CHECK HERE if you would like your e-mail address published on our website and directory.

*Facebook Address:

*Twitter Address:

Number Full-Time Employees:

Number Part-Time Employees:

Sales Associates:

example: Agents

Lee County Business License Number:

Note: Former Occupational License No.

Please attach a copy of the Lee County Business License.

FEI/EIN Tax ID Number:

IRS Tax ID

Type of Business/Category:

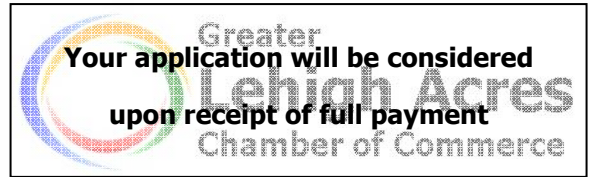
Please describe your business/organization:

If you have a business/organization logo and a picture of the contact person in JPG format, please email it to lbaker@LehighAcresChamber.org

Mailing Address: PO Box 757, Lehigh Acres, Florida 33970
Office: 25 Homestead Rd. N #41, Lehigh Acres, Florida 33936
Email: info@LehighAcresChamber.org

Phone (239) 369-3322
Fax (239) 368-0500
Website: www.LehighAcresChamber.org

Payment



Billing Contact and Address

Company/Group Name:

Note: Please submit legal name

Account Payable Contact Name:

Mailing Address:

Mailing City/State/Zip:

Phone Number:

Fax Number:

Billing Email Address:

_____ + _____ \$25.00 = _____
Twelve Month Dues One-time Administrative Fee Total Payment:
To be determine by Chamber Office

Payment by: Check Credit Card Cash

Make Checks Payable to: *We accept Discover, MasterCard & VISA*
Greater Lehigh Acres
Chamber of Commerce
P.O. Box 757
Lehigh Acres, FL 33970

Credit Card Information

CC # _____ - _____ - _____ - _____ D MC V

Exp _____ CVV _____ **amount \$** _____

Name on card _____

Billing house # _____ Zip _____ *(where the card statement is send to)*

Phone _____

I hereby apply for membership to the Greater Lehigh Acres Chamber of Commerce. I agree that my Annual Investment will be \$ _____, payable on an annual basis.

There is an additional one-time \$25.00 processing fee.

Authorized Signature: _____

Date Received in Chamber Office: ___/___/___

Mailing Address: PO Box 757, Lehigh Acres, Florida 33970
Office: 25 Homestead Rd. N #41, Lehigh Acres, Florida 33936
Email: info@LehighAcresChamber.org

Phone (239) 369-3322
Fax (239) 368-0500
Website: www.LehighAcresChamber.org

Contact list for Greater Lehigh Acres Chamber of Commerce Information Emails

Please list here all individuals that are to receive information by email from the Greater Lehigh Acres Chamber of Commerce, like weekly newsletter, event information, calendar, networking, referrals, chamber business....

Company Name

Name	Position	Phone	Email
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Name	Position	Phone	Email
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Name	Position	Phone	Email
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Name	Position	Phone	Email
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Name	Position	Phone	Email
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Name	Position	Phone	Email
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