

# Membership Application

.....

Application is hereby made for membership in the Greater LaBelle Chamber of Commerce. I agree to abide by its bylaws, support its objectives, and pay applicable annual membership dues. I understand that the application is subject to approval by the Board of Directors.



DATE OF APPLICATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

BUSINESS WEBSITE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO MY KNOWLEDGE.

\_\_\_\_\_  
(PRINTED NAME OF APPLICANT)

**X**  
\_\_\_\_\_  
(SIGNATURE OF APPLICANT)