

Membership Application



COMPANY NAME: _____ ADDRESS: _____

PRIMARY CONTACT: _____ TITLE: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

BUSINESS PHONE: _____ CELL PHONE: _____

Give a brief statement about your business for the E-blast:

HOURS OF OPERATION: _____

- | | |
|---|---|
| <input type="checkbox"/> \$130.00 Non-Profit Organization | <input type="checkbox"/> \$310.00 8-11 Employees |
| <input type="checkbox"/> \$130.00 Associate/Non-Business Individual | <input type="checkbox"/> \$370.00 12-15 Employees |
| <input type="checkbox"/> \$190.00 Business 1-3 Employees | <input type="checkbox"/> \$430.00 16-19 Employees |
| <input type="checkbox"/> \$250.00 4-7 Employees | <input type="checkbox"/> \$490.00 20 and over Employees |

_____ \$ _____
Date Signature Amount Enclosed

Make checks payable to **LKCC** or pay by credit card:

(Credit Card)#: _____ Exp: ____/____ Security Code: _____

Please email your logo to us asap, so we have it for inclusion in the Chamber Compass newsletter.



31020 Overseas Hwy.
Big Pine Key, FL 33043
(305) 872-2411

