

# Lake County Chamber Of Commerce

Mailing Address: P.O. Box 295 • Lakeport, CA 95453  
Office Location: Vista Point, 875 Lakeport Blvd.  
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.

DATE: \_\_\_\_\_

**MEMBERSHIP NAME:** \_\_\_\_\_ Number of Persons: \_\_\_\_\_

### **BUSINESS INVESTMENTS:**

1-2 Persons - \$145 \_\_\_\_\_ 3-5 Persons - \$175 \_\_\_\_\_ 6-9 Persons - \$230 \_\_\_\_\_ 10-24 Persons - \$305 \_\_\_\_\_  
25-49 Persons - \$478 \_\_\_\_\_ 50-99 Persons - \$580 \_\_\_\_\_ 100+ Persons - \$640 \_\_\_\_\_

Additional locations listed on Website & Directory - \$30 \_\_\_\_\_ per location \* (Please fill-out 2nd Address on back side of application)

**\*\* Note:** In determining the number of persons, both owners and managers are counted, as well as employees. Calculate part-time employees in terms of full-time equivalency, i.e.: two half-time employees count as one full-time employee.

**How Did you hear about the Chamber?** \_\_\_\_\_ **Did someone refer you?** \_\_\_\_ **If yes, Who?** \_\_\_\_\_

### **INDIVIDUALS & VOLUNTEER ORGANIZATIONS:**

**Volunteer Organizations:** (Non-Paid Staff) \$90 \_\_\_\_\_

**Non-Profit Organizations with Paid Staff:** Please see **Business Investments** section above.

**Individuals and/or Retired Persons:** (Without Business Affiliation) \$90 \_\_\_\_\_

### **Bylaws, Article I, Section 2: Purpose of Lake County Chamber of Commerce**

The Greater Lakeport Chamber of Commerce (DBA: Lake County Chamber of Commerce) is organized to achieve the objectives of: 1) Preserving the competitive enterprise system of business by: creating a better understanding and appreciation of the importance of business people and a concern for their problems; educating the business community and representing them in city, county, state and national legislative and political affairs; preventing or addressing controversies which are detrimental to expansion and growth of business and the community if they arise; creating a greater appreciation of the value of a more liberal investment of substance and self on behalf of the interests of competitive business. 2) Promoting business and community growth and development by: promoting economic programs designed to strengthen and expand the income potential of all business within the trade area; promoting programs of a civic, social and cultural nature which are designed to increase the functional and aesthetic values of the community; and discovering and correcting abuses which prevent the promotion of business expansion and community growth.

### **Bylaws, Article II, Section 2: Approval**

Approval of members shall be by the Board of Directors at any meeting thereof.

**By signing my name below, I agree to abide by the Mission Statement, as shown above, and Purpose of this organization as stated in the Chamber Bylaws, Article I, Section 2: Purpose of the Lake County Chamber of Commerce.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Application MUST be signed to be valid.

*(Please Complete Reverse Side)*

**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)*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Additional business locations to be listed in the membership directory - \$30 \_\_\_\_\_ per location \* (Please include 2nd Address Below)

\* 2nd Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\* 2nd Location Phone: \_\_\_\_\_ \* 2nd Location Fax: \_\_\_\_\_

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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. Additional listings are available for \$30 each. Please refer to the list of current business classifications available from the Chamber.

Business Classification: \_\_\_\_\_

Additional Listing (s): *(\$30 each)* \_\_\_\_\_

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

\_\_\_\_\_ VISA M/C ~ Expiration Date \_\_\_\_\_ VCode \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Initial \_\_\_\_\_

**Become part of the “New Member Benefit Package” and bring “new” customers from the business Community into your business with a “Gift Certificate” every month! Give prospective members just one more reason to join our growing chamber. (See New Member benefit package page for details.)**

**Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Yes, I would like my business to become part of the “New Member Benefit Package” by donating: \_\_\_\_\_ to new chamber members.**

**No, I will not be able to participate at this time, but contact me again.**