

MEMBERSHIP APPLICATION

Company Name _____
Mailing Address _____
Physical Address (if different) _____
Contact Person _____ Title _____
2nd Contact Person _____ Title _____
Email Address _____
Telephone # _____ Fax # _____
Email Address _____
Website Address _____
Business Keywords _____
Business Category _____
Occupational License # _____ Number of Employees _____
Sponsor _____

Mission Statement

The Leesburg Area Chamber of Commerce serves as the voice for member businesses, representing, advocating and working to enhance the business environment.

Method of payment

Visa MasterCard Check

Card # _____

Name on Card _____

Expiration Date _____

Signature _____

Annual Membership Rates

- 1-10 Employees \$ 249.00
- 11 or more \$249 plus \$3 for each additional employee 3 x _____ = _____
- Financial Institutions \$249 or \$9 per million in deposits _____
- Civic Organizations, Non Profits, Churches and Schools \$ 124.50
- Business Associates/Individuals \$ 124.50

One time administration fee \$ **25.00**

Enhancement Total \$ _____

Total Membership Investment \$ _____