

Membership Application

Company Name _____

Mailing Address _____ City/ST/Zip _____

Physical Address (if different) _____ City/ST/Zip _____

Contact Person _____ Title _____

2nd Contact Person _____ Title _____

Cell Phone _____ Telephone _____ Fax _____

Email Address _____

Website Address _____

Business Keywords _____

Business Category _____

What Committee(s) would you like to serve on? _____

Sponsor _____ Number of Employees _____

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

American Express Visa MasterCard Check

Name on Card _____

Card Number _____ Expiration Date _____

Signature _____ CW: _____

Annual Membership Rates

- 1-10 Employees \$ 295.00
- 11 or more Employees — \$295 plus \$3 for each additional employee \$ _____
- Financial Institutions — \$295 or \$9 per million in deposits \$ _____
- Civic Organizations, Non-Profits, Churches, & Schools** \$ 147.50
- Business Associates/Individuals \$ 147.50
- Sponsorships—Job Readiness Program, Business Wellness Challenge, Golf Classic, Lake Scramble, Business EXPO, Chamber Leadership Salute
- Boutique Luncheons
- Sunrise Connections / Sunrise Breakfast
- Advertisement—Website Directory

Enhancement Total: \$ _____

Membership Investment Total: \$ _____



LEESBURG

AREA CHAMBER *of* COMMERCE

THE LEESBURG AREA CHAMBER OF COMMERCE SERVES AS THE VOICE FOR MEMBER BUSINESSES, REPRESENTING, ADVOCATING AND WORKING TO ENHANCE THE BUSINESS ENVIRONMENT



PLACE
STAMP
HERE

LEESBURG

AREA CHAMBER *of* COMMERCE

1195 W. MAGNOLIA ST.
P.O. Box 490309
LEESBURG, FL 34749-0309

LEESBURG

AREA CHAMBER *of* COMMERCE

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