

Lake Wylie Chamber of Commerce
2016 Membership Application

P.O. Box 5233, Lake Wylie, SC 29710
(803) 831-2827, Fax (803) 831-2460
www.lakewyliesc.com
lakewyliechamber@yahoo.com

Your Company Name _____

PLEASE CHECK: _____ Renewing Member or _____ New Member *(new memberships are subject to approval by the Chamber's Board of Directors)*

Street Address (include city/state/zip) _____

Mailing Address (if different from above & city/state/zip) _____

Telephone (with area code) _____ **CELL (required)** _____

E-Mail _____ Web Site: _____

Primary Representative _____

Title _____ Signature _____

Number of Employees *(two part-time employees = one full-time employee)* _____

Business Member Classification : _____

Annual Membership Fee (check appropriate fee level):

	Merchant (1-4 employees)	_____	\$285
	Merchant (5-10 employees)	_____	\$360
	Merchant (11-15 employees)	_____	\$420
Financial/Utility	_____	\$595	
	Merchant (16+ employees)	_____	\$445
	Shopping Centers	_____	\$610
	Medical Centers	_____	\$610
	Manufacturing (15+ employees)	_____	\$610

_____ Enclosed is my/our check for \$_____ for the current membership year (membership year is 1 full year). Checks should be made payable to *Lake Wylie Chamber of Commerce*.

Please list the products and services your company provides so that the Chamber may refer you properly in our community:

Chamber membership is a tax-deductible business expense.