

**Lake Wylie Chamber of Commerce**  
**Membership Application**

P.O. Box 5233, Lake Wylie, SC 29710  
(803) 831-2827, Fax (803) 831-2460  
Web Site: [www.lakewyliesc.com](http://www.lakewyliesc.com)  
E-mail: [lakewyliechamber@yahoo.com](mailto:lakewyliechamber@yahoo.com)

PLEASE PRINT (OR TYPE) the following information  
and return application to the Lake Wylie Chamber at the address above:

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) \_\_\_\_\_ Fax \_\_\_\_\_

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)	_____ \$295
	Merchant (5-10 employees)	_____ \$370
	Merchant (11-15 employees)	_____ \$430
Financial/Utility	_____ \$620	Merchant (16+ employees) _____ \$455
		Shopping Centers _____ \$620
		Medical Centers _____ \$620
		Manufacturing (15+ employees) _____ \$620

Please check one of the following:

\_\_\_\_\_ 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.*