



Membership Application

Thank You for Your Support!

Business or Individual Name: _____

Address: _____

Billing Address (if different): _____

Contact Name / Position: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Business Product or Service: _____

Brief Description of Business Activities:

Type of Membership:

Number of employees at this business*	Yearly dues
<input type="checkbox"/> 1-2	\$125
<input type="checkbox"/> 3-5	\$150
<input type="checkbox"/> 6-15	\$250
<input type="checkbox"/> 16-39	\$350
<input type="checkbox"/> 40-75	\$450
<input type="checkbox"/> 76+	\$575
<input type="checkbox"/> Non Profit	\$150
<input type="checkbox"/> Individuals	\$65**

Enclosed: \$ _____ (Make check payable to **The Lynnwood Chamber**)

* Refers to Full Time Equivalent (FTE). Two employees working 20 hours per week would be one FTE.

**Individuals are not associated with a business. Optional plaques for individuals are \$15.

Referred by: _____