

APPLICATION FOR NEW MEMBERSHIP

DATE:

MEMBERSHIP CATEGORY:

ANNUAL DUES:

EMPLOYEES (if applicable):

ROOMS (if applicable):

SIGNATURE

(print):

The following questions are designed so that your Chamber of Commerce may provide the most accurate service. **Please update your information as necessary by mail, email, or fax.** Thank you.

BUSINESS NAME:

PRIMARY CONTACT:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

BUSINESS PHONE:

2nd Phone

1st EMAIL:

2nd EMAIL:

3rd EMAIL

(Multiple email addresses if you wish multiple persons within your organization to receive all email communiqués.)

FAX:

WEBSITE:

2nd WEBSITE:

As a function of your membership you will receive the following electronically: Alerts, General Chamber Correspondence, Monthly Newsletter, Retail Division Meeting dates, and member to member news. Please initial to acknowledge and accept. **Initial:

SEND INTERIOR OR EXTERIOR PHOTO OF BUSINESS TO: helen@lakegenevawi.com

BUSINESS DESCRIPTION (may be emailed to helen@lakegenevawi.com): 100 words or less, excluding spaces/punctuation, for use in printed material and website. Use back of application as necessary. Include separate description and photo for each approved website designation, see www.lakegenevawi.com. Photo Requirements: email image 175 maximum width or height (horizontal orientation preferred), 72 dpi, jpg. Charge for image sizing and/or formatting by LGACVB staff is **\$50** per image.

CIRCLE IF APPLICABLE:

Lodging Features: Pet Friendly Handicap

Dining Features: Lake View Outdoor Seating Breakfast Lunch Dinner Handicap

Reservations Accepted

YOUR LISTING WILL BE PLACED ON THE WEB SITE ONCE ALL INFORMATION IS RECEIVED AND VERIFIED BY MEMBERSHIP SERVICES.

Revised 9/3/10