

LOWER BUCKS COUNTY CHAMBER OF COMMERCE – MEMBERSHIP APPLICATION

Please print clearly or type and attach a business card

Name of Business or Organization _____ Type of Business _____

Street _____ Phone Number _____

City, State, ZIP _____ Fax Number _____

Web Site Address _____ Company E-Mail Address _____

Name, title and e-mail address of principal company representative (Dr. Mr. Mrs. Ms.) _____

List names, titles and e-mail addresses of additional company representatives per the investment structure:
(Representatives are those employees who will receive Chamber mailings and are listed in our directory.)

Reason(s) for joining: _____
(Examples: Networking, Professional Development, Legislative Action, Insurance, Discount Programs, etc.)

If you wish to join a Chamber committee, please refer to "Opportunities to Participate".

If you wish to offer a specific discount or special service to other Chamber members, please list here:

Annual Membership Investment:

of Employees: _____ \$ _____ + \$35 Processing Fee = Total Amount: \$ _____

Method of Payment: _____ Check _____ Visa _____ MasterCard _____ American Express

Card Number: _____ Expiration Date: _____

Authorized Signature

The below signed business or organization applies for membership in the Lower Bucks County Chamber of Commerce (LBCCC) and certifies that the information contained on this application is accurate and complete. The business or organization agrees to abide by the Bylaws and procedures of the Chamber and understands that membership is renewed annually on the anniversary date. The company understands that the business will hold membership and may change at will its designated representative.

In the event of a terminated membership, any use of the Chamber's name or reference to the Chamber will be discontinued. I also understand that any information on this application may be used for Chamber press releases and other communications. I have enclosed a check made payable to "LBCCC" or charged by credit card for the appropriate annual investment and understand that this investment is non-refundable.

Signature of Principal Representative _____ Date _____

Your Membership Sponsor (Name of person who referred you to the Chamber) _____