

***Lancaster County Chamber of Commerce
Membership Form***

Please complete the following:

Today's Date: _____

Name of Business: _____

Type of Business: _____

Name & Title of Principal Owner(s)/Manager (s): _____

Mailing Address: _____

Physical Address: _____

Telephone: () _____ Fax: () _____

Email: _____ Website: _____

I would like to help my Chamber succeed by:

Serving on a Task Force: Member Services ____ Business Advocacy ____ Economic Development
Workforce Initiatives ____

Sponsoring an After Hours or other event: _____ Serving on the Board: _____

Membership Category	Annual Dues
Families, Individuals, Non-Profit & Businesses with 1 to 5 Associates	\$100.00
Businesses with 6 to 10 Associates	\$200.00
Businesses with 11 to 20 Associates	\$300.00
Businesses with 21 to 50 Associates	\$400.00
Businesses with 51 + Associates	\$600.00

*Yes, please have someone contact me for additional advertising opportunities in the LCcc
"Look" Membership Directory & Website.*