

MEMBERSHIP APPLICATION

Business Name _____ Physical _____
Contact Person _____ Address _____
Title _____ Mailing _____
Telephone _____ Address _____
Toll Free # _____ Fax # _____
E-mail _____ Website www. _____

Do you wish to receive chamber e-mails? _____
We do not share nor will we sell our members e-mail list.

Type of Business: _____

Please provide a brief description of your business: _____

Accommodations/ Lodging Profile

Air Conditioning Beach Indoor Pool Outdoor Pool Restaurant Jacuzzi
 Fireplace Efficiency Pet Friendly Handicap Accessible Docking Internet
 Seasonal (Closing Date: _____) Waterfront Waterview

Calculation of Membership Investment

Base Rate \$ _____
Additional Charges \$ _____
Total Charges \$ _____

Additional Charges

of Employees _____
of Hotel/Motel Units _____
of Companies _____
of Restaurant Seats _____

I/we subscribe \$ _____ annually as my/our fair share investment in the program of the Lakes Region Chamber of Commerce. All investment dues are payable on annual renewal date of January or July.

Signature of Authorized Representative

Date

Please return application and make investment payable to:

Lakes Region Chamber of Commerce
383 South Main Street • Laconia, NH 03246
603-524-5531 • www.laconia-weirs.org

Your membership is not considered active until full investment is received.

Chamber membership dues are not tax deductible as charitable contributions, but may be deducted as a general business expense.

Chamber Representative

Date