



Membership Application

Step #1 - Your Expectations

Please complete the following information by indicating the top reason(s) why you are joining the Chamber. I would like my Chamber membership to:

- | | |
|---|---|
| <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Network with Movers & Shakers in the Community |
| <input type="checkbox"/> Expand Networking Opportunities | <input type="checkbox"/> Give Back to the Community |
| <input type="checkbox"/> Raise Visibility For My Business | <input type="checkbox"/> Have a Voice in Local, State & Federal Business Issues |
| <input type="checkbox"/> Create Cost-Effective Business Savings | <input type="checkbox"/> Improve the Current & Future Workforce in the area |
| <input type="checkbox"/> Enhance Credibility & Corporate Identity | <input type="checkbox"/> Promotional Opportunities through Website & Newsletter |

Step #2 - Membership Information

Business / Organization Name: _____

Primary Contact Person: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Website URL: www. _____

Telephone: () _____ Fax: () _____

Email (General Business Email for Public): _____

Email (Personal Email for internal communication only): _____

(I understand that by providing my email address(es) on this application I consent to receiving emails from the Lake Zurich Area Chamber of Commerce as well as promotional information from members of the Lake Zurich Area Chamber. The Lake Zurich Area Chamber of Commerce will not share or sell my email address(es) with non-Chamber members. My signature on this application acknowledges my agreement.)

Business Description (200 characters maximum): _____

Primary Business Classification: _____ [SIC or NAISC code if available]: _____

Contact Preference (Check One): Phone _____ Email: _____ Fax _____ Regular Mail: _____

Special Instructions for communicating with you: _____

Referred By: _____

Step #3 - Billing Information (if applicable)

Billing Contact Person if different from Primary Contact:

ATTN: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____



Step #4 - Tell Us More About You (For internal informational purposes only)

What year was your business established? ____ Are you a home-based business? Yes No
 How many employees do you have including yourself: Full-time _____ Part-Time: _____ Temporary or Seasonal: _____
 Who or What referred you to the Chamber: Newspaper Internet Current Member Other _____
 Is there anything else you'd like us to know about you and your business? _____

Step #5 - Membership Investment

Please select the appropriate investment level for your business or organization:

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> 1—5 FTE* Employees | \$215 | <input type="checkbox"/> Not-For-Profit Organizations | \$140 |
| <input type="checkbox"/> 6—20 FTE* Employees | \$275 | <input type="checkbox"/> Government Agencies | \$305 |
| <input type="checkbox"/> 21—50 FTE* Employees | \$335 | <input type="checkbox"/> Hospitals | \$305 |
| <input type="checkbox"/> 51—100 FTE* Employees | \$395 | <input type="checkbox"/> Utilities | \$500 |
| <input type="checkbox"/> 101+ FTE* Employees | \$500 | <input type="checkbox"/> Additional Location Listings | \$100 |

**Full-Time Equivalent (2 part-time = 1 full-time employee)*

Subtotal \$ _____

Step #6 - Additional Opportunities

Additional Business Classifications (\$25 Each/Annually)

As in the Yellow Pages, you may choose to have your company appear in more than one business classification in the Business Directory (online & print). Keep as general as possible to maximize results.

Additional Classification(s) _____ \$ _____

Enhanced Website Listing (\$320 Annually)

Includes logo, website link, and priority placement on Category Search Page, logo and photos on member page, additional keywords for maximum search optimization, additional business description verbiage, verbiage added to results search page, bulleted description verbiage on member page, link on member page to MapQuest, Google Map or your own map to help customers find your business.

\$ _____

Optional Donation to the Chamber's Scholarship Fund (\$25 Suggested)

Help fund the Chamber's annual Scholarships for graduating high school seniors and the Young Entrepreneurs Academy.

\$25.00 _____

New Member Processing Fee \$25.00 _____

Total Membership Investment _____

Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.

Representative's Name (Print) _____ Representative's Signature _____ Date _____

Step #7 - Payment Options

Check Payable to: Lake Zurich Area Chamber of Commerce (LZACC) Check# _____

Credit Card: ____ Visa ____ Master Card ____ Discover ____ AmEx

Credit Card Number _____

Expiration Date _____ Security Code _____

Please return this agreement along with payment to the: Lake Zurich Area Chamber of Commerce

1st Bank Plaza, Suite 308, Lake Zurich, IL 60047

Phone: 847.438.5572 * Fax: 847.438.5574 * info@lzacc.com.

Or access and complete the application on-line at www.LakeZurichAreaChamber.com