

Lincoln County

Chamber of Commerce
2017 Membership Application

Please accept the below named business, organization, or individual as a 2017 member of the Lincoln County Chamber of Commerce. The following information is given for use in all Chamber mailings.

Name _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Web Site _____

Owner/Manager _____

Type of Business _____

Year Established _____ # of Employees _____ Type of Membership: New _____ Renewal _____

Dues Schedule : Count All employees (2 part-time = 1 full time).

1-5 Employees	\$85	6-25 Employees	\$140	26-50 Employees	\$200
51-100 Employees	\$335	101-249 Employees	\$475	250+ Employees	\$935
Non-profit	\$90	Individual Membership	\$50		

Dues amount enclosed \$ _____

*Only the contact person will be eligible to vote on Chamber Business

*This application must be completed in full and submitted with dues.

Date _____ Signature _____

Comments/Suggestions: _____

Business Description for Website (up to 25 words): _____