



GREATER LAPORTE CHAMBER OF COMMERCE MEMBERSHIP APPLICATION



The Greater LaPorte Chamber of Commerce has been awarded 4 Star Accreditation through the United States Chamber of Commerce.

PART 1 - MEMBERSHIP INFORMATION (please print clearly or type)

Company Name _____	Date _____
Mailing Address _____	Tax ID # _____
City, State, Zip _____	Month/Year Established _____
Physical Address _____	# of Full-Time Employees _____
City, State, Zip _____	# of Part-Time Employees _____
Phone _____	NAICS/SIC Code _____
Fax _____	Minority Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
General Company Email _____	Women Owned Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Web Address _____	<input type="checkbox"/> Private Owned or <input type="checkbox"/> Public Owned
Membership Recommended By/Sponsor _____	
Brief Business Description (30 words or less) _____	

PART 2 - REPRESENTATIVES (companies with 50+ employees may add additional two reps; list on separate sheet)

PRIMARY REP: (this person will be listed in the membership directory, receive all notices and event flyers, invoices, etc.)

Rep Name _____	Title _____
Address (if different than above) _____	
Phone _____ Ext. _____	Cellular _____
Email _____	Fax _____

SECONDARY REP: (this person will receive most notices and event flyers, newsletters, etc.)

Rep Name _____	Title _____
Address (if different than above) _____	
Phone _____ Ext. _____	Cellular _____
Email _____	Fax _____

PART 3 - REASONS FOR JOINING THE CHAMBER

<input type="checkbox"/> Networking	<input type="checkbox"/> Marketing Opportunities	<input type="checkbox"/> Political Impact	<input type="checkbox"/> Business to Business Discounts
<input type="checkbox"/> Community Service	<input type="checkbox"/> Other _____		

Continue ➔

By completing this Membership Application you authorize the Greater LaPorte Chamber of Commerce to send you third party information via broadcast fax unless indicated below.

Check this box if you do not wish to receive third party information from the Chamber.

