

Application for Membership

I would like to join the Lago Vista Area Chamber of Commerce & CVB

DATE: _____

COMPANY NAME	
CONTACT/ INDIVIDUAL NAME	
CONTACT TITLE	
PHYSICAL ADDRESS	
CITY, STATE, ZIP	
MAILING ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
FAX	
E-MAIL ADDRESS	
WEB SITE ADDRESS	
BUSINESS CATEGORY <small>(Lodging, Restaurant, Shop, Service, Attraction, Real Estate)</small>	
NUMBER OF EMPLOYEES	
PLEASE PROVIDE A 10-15 WORD DESCRIPTION OF YOUR BUSINESS, PRODUCTS, SERVICES, ETC. (To be Included in the Membership Directory)	
What topics would you like presented at Chamber Luncheons?	
What do you see as the most important issues facing Lago Vista?	
What do you expect the Chamber to do for your business?	
Would you like to sponsor a luncheon or mixer?	
Would you like to volunteer at the Chamber?	
SIGNATURE OF APPLICANT	

MEMBERSHIP TYPE	**DUES AMT	SELECT ONE
A: INDIVIDUAL*	\$50	
B: NON-PROFIT	\$50	
C: HOME BASED (No Store Front)	\$100	
D: BUSINESS (1-5 EMPLOYEES)	\$150	
E: BUSINESS (6 -10 EMPLOYEES)	\$175	
F: BUSINESS (11+ EMPLOYEES)	\$225	
G: PUBLICLY FUNDED ORG.	\$125	
H: UTILITY COMPANY	\$225	
I: CORPORATE SPONSOR	\$1,000 +	

*Individual Memberships do not include web links from the Chamber web site.

**Dues cover the period for one year from date of payment.

<p>OUR GOAL IS FOR EVERYONE TO NETWORK AND BE INVOLVED IN SOME WAY WITH OTHER CHAMBER MEMBERS. PLEASE SELECT SEVERAL COMMITTEES YOU WOULD LIKE TO PARTICIPATE ON.</p>	
A: MEMBERSHIP	
<small>(RECRUIT/RETAIN/RIBBON CUTTINGS/MEMB. DIRECTORY)</small>	
B: TOURISM	
<small>(MAPS/TOURISM TRADE SHOWS)</small>	
C: NETWORKING	
<small>(LUNCHEONS/MIXERS)</small>	
D: PUBLICITY	
<small>(NEWSLETTER/PRESS RELEASES)</small>	
E: HILL COUNTRY DAYZ FESTIVAL	
F: ANNUAL BANQUET	
G: GOLF TOURNAMENT	
H: ECONOMIC DEVELOPMENT	

PAYMENT	
<input type="checkbox"/> CHECK ENCLOSED - PAYABLE TO: LAGO VISTA CHAMBER OF COMMERCE	
CHARGE: <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	
CARD #:	3 DIGIT CODE ON BACK OF CARD:
EXPIRATION DATE:	NAME ON CARD:
SIGNATURE:	

SEND APPLICATION TO:
LAGO VISTA AREA CHAMBER OF COMMERCE & CVB
PO BOX 4946 • 8040 BAR-K RANCH ROAD • LAGO VISTA, TX 78645
888.328.LAGO (5246)
512.267.7952 • 512.267.2338 FAX
info@lagovista.org • www.lagovista.org