



Application for Membership

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

DATE: _____

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

<i>MEMBERSHIP TYPE</i>	<i>**DUES AMT</i>	<i>SELECT ONE</i>
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/BUSINESS AFTER HOURS)</small>	
D: PUBLICITY	
<small>(NEWSLETTER/PRESS RELEASES)</small>	
E: ANNUAL BANQUET	
F: GOLF TOURNAMENT	
G: ECONOMIC DEVELOPMENT	

<i>PAYMENT</i>	
<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:	

<i>SEND APPLICATION TO:</i>
LAGO VISTA & JONESTOWN AREA CHAMBER OF COMMERCE & CVB
PO BOX 4946 • 8040 BAR-K RANCH ROAD • LAGO VISTA, TX 78645
512.267.7952 • 512.267.2338 FAX
info@lagovista.org • www.lagovista.org