

**Lake Wylie Chamber of Commerce**  
**2010 Membership Application**

P.O. Box 5233, Lake Wylie, SC 29710  
(803) 831-2827, Fax (803) 831-2460  
Web Site: www.lakewyliesc.com  
E-mail: lakewyliechamber@yahoo.com

PLEASE PRINT (OR TYPE) the following information  
and return application to the Lake Wylie Chamber at the address above:

Your Company Name \_\_\_\_\_

PLEASE CHECK: \_\_\_\_\_ Renewing Member or \_\_\_\_\_ New Member *(new memberships are subject to approval by the Chamber's Board of Directors)*

Street Address (include city/state/zip) \_\_\_\_\_

Mailing Address (if different from above & city/state/zip) \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Site: \_\_\_\_\_

Primary Representative \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

Number of Employees *(two part-time employees = one full-time employee)* \_\_\_\_\_

Business Member Classification : \_\_\_\_\_

Annual Membership Fee (check appropriate fee level):

Financial/Utility	_____	\$570
Merchant (1-4 employees)	_____	\$245
Merchant (5-10 employees)	_____	\$320
Merchant (11-15 employees)	_____	\$365
Merchant (16+ employees)	_____	\$395
Shopping Centers	_____	\$570
Medical Centers	_____	\$570
Manufacturing (15+ employees)	_____	\$570

\_\_\_\_\_ Enclosed is my/our check for \$\_\_\_\_\_ for the current membership year (membership year is 1 full year). Checks should be made payable to *Lake Wylie Chamber of Commerce*.

Please list the products and services your company provides so that the Chamber may refer you properly in our community:

\_\_\_\_\_

*Chamber membership is a tax-deductible business expense.*