



LEAVENWORTH CHAMBER OF COMMERCE

PO Box 327 ♦ Leavenworth, WA 98826

Phone: 509.548-5807 ♦ Fax: 509.548.1014 ♦ Email: info@leavenworth.org

MEMBERSHIP APPLICATION

We appreciate your interest in the Leavenworth Chamber of Commerce. Please take a few minutes to complete this membership application and it will be considered at the next Chamber Board meeting. The Leavenworth Chamber of Commerce Board meets twice a month.

_____	_____
Business name	Business mailing address
_____	_____
Business address (physical)	City State Zip
_____	_____
City State	Name of business on license
_____	_____
Business phone number	Business Owner
_____	_____
Fax number	Manager or contact person
_____	_____
Email address	Contact number and email address
_____	_____
Business license number	Non-profit EIN

Out of Area: if your business is out of the area of the Cascade School District, check this box in addition to completing the membership classification desired section.

Membership classification desired

Activity: type of activity _____

Retail: type of retail store, eg. gift shop, clothing store _____

Square footage of selling area _____ Sq. Ft.

Lodging: type: , eg. Hotel, Motel, B&B, Cabin, Lodge, Suite, etc. _____ Number of guest rooms _____

Breakfast Included Yes No

Fireplace Kitchen Pool Inside Pool Outside Hot Tub Jacuzzi WiFi

Children Pets Handicap Other _____ Miles From Town _____

Meetings: Yes No

No. of Meeting Rooms _____ Largest Meeting Room _____ Sq. Ft. Total Meeting Space _____ Sq. Ft.

Service: type of service business, eg., accounting, real estate, hair salon, catering, etc. _____ Number of employees _____

Restaurant: Square footage of public area _____ Outdoor Dining _____

Serving: Breakfast Lunch Dinner Lattes Cocktails Beer/Wine

Non-profit: type of non-profit, eg. church, chamber of commerce, etc. _____

Individual

Agriculture: type of business, eg. orchardist, grower _____

Government agency: type of agency, eg. City, county, state, federal, _____

Other: type _____



LEAVENWORTH CHAMBER OF COMMERCE

PO Box 327 ♦ Leavenworth, WA 98826

Phone: 509.548-5807 ♦ Fax: 509.548.1014 ♦ Email: info@leavenworth.org

Directory and website listing:

As a Chamber member you are entitled to a free listing of your business or endeavor in the Chamber directories, Visitors Guide and on the Chamber website and one free link to your website. Out of Area members receive free listings but there will be a fee of \$50.00 for each WEB link.

Description of business, service, activity, or agency that will be used in Chamber membership directories, Visitors Guide and WEB page. (25 words or less)

The domain name of my website is: _____

Number of Banner Ads: _____ @\$400.00 each: _____ Number of Logo Ads: _____ @\$300.00 each: _____

Dues \$ _____ Banner Ad(s) \$ _____ Out of Area Weblink (\$50 if applicable) \$ _____

Total Annual Obligation \$ _____ Amount due, prorated for the balance of the year \$ _____

I declare that I am a financially responsible party for my business, service, activity or agency and I understand that if my financial obligations to the Chamber are not satisfied by July 31st of any year, my business will be suspended from the web, and active promotion sources, and may not be listed in the following years Visitors Guide until paid in full and my membership may be subject to revocation.

Name: _____ Signature: _____ Date: _____

Office use only

Application taken/received by: _____ On date: _____

Reviewed by Executive Director on: _____ Signature: _____

Membership approved by Board on: _____ Secretary signature: _____

Member contacted after approval by: _____ On date: _____

Amount received with application \$ _____ Cash Check On date: _____