



LEAVENWORTH CHAMBER OF COMMERCE
 PO Box 327 Leavenworth, WA 98826
 Ph 509.548-5807 Fax 509.548.1014 info@leavenworth.org

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.

MEMBERSHIP APPLICATION

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

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
 Children Pets Handicap Other _____
- Meetings:** Yes No
 Number of Meeting Rooms _____ Largest Meeting Room _____ Sq. Ft.
 Total Meeting Space _____ Sq. Ft. Miles From Town _____
- Service:** type of service business, eg., accounting, real estate, hair salon, catering, etc. _____ Number of employees _____
- Restaurant:** type of food/beverage service, eg. restaurant, lounge, café, snack bar, etc. _____
 Square footage of public area _____
- Non-profit:** type of non-profit, eg. church, chamber of commerce, etc. _____
- Individual**
- Agriculture:** type of business, eg. orchardist, grower, winery _____
- Government agency:** type of agency, eg. City, county, state, federal, _____
- Other:** type _____



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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)

Number of banner ads: _____ @\$300.00 each: _____

The domain name of my website is: _____

As a Chamber member I agree to pay my dues and any other charges incurred according to the following schedule:

___ Annually ___ Semi-annually

Dues \$ _____ Banner Ad(s) \$ _____ Other \$ _____
 Total annual obligation \$ _____ Amount due, prorated for the balance of the year \$ _____

***Pro-rated dues are due in full at the time of application.**

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: _____