



# Lake Chelan Chamber of Commerce

## Membership Investment Application

Please complete the below information

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### Business Information:

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State: **WA** Zip \_\_\_\_\_

Web Address \_\_\_\_\_ E-mail \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_\_) \_\_\_\_\_

### Billing / Primary Representative Information:

Representative's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State: **WA** Zip \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ **Business License Number** \_\_\_\_\_

Number of full time employees during your non-busy season \_\_\_\_\_

**Give us a brief description to post on [www.lakechelan.com](http://www.lakechelan.com).** This FREE 200 character limited description is in addition to business name, addresses, and phone numbers.

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**Category:** Let us know how you best categorized your business \_\_\_\_\_

Your login information will be e-mailed to you upon receiving completed forms and investment dues. To ensure the correct information is transferred into the annual Business Directory, we encourage you to keep your listing updated as changes occur.

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