

MEMBERSHIP RENEWAL FORM

Business Name: _____

Contact Name: _____

*Business Phone #(as it will appear on the directory): _____

Mailing Address: _____

Location Address: _____

Email: _____

Website: _____

Primary Listing Heading: _____

Same as last year

Additional Listings: _____

Yes, I wish to receive LPCCC Meeting Minutes

I am willing to be contacted about helping with Chamber events/projects

I have enclosed a cheque payable to LPCCC in the amount of \$_____

**Membership fee of \$130 includes one listing in the directory and website.
\$10 for each additional listing for that business.**