



428 East Commercial Ave.
Lowell, IN 46356
(219) 696-0231

Email: contact@lowellinchamber.com Website: www.lowellinchamber.com

MEMBERSHIP APPLICATION

Please Print \$135.00 annually

The following information will be published on our site unless instructed otherwise:

Business Name: _____
Designated Representative: _____
Business Address: _____
City: _____ State/Zip: _____ Bus. Phone: _____
Fax Number: _____
Business Description (use backside if needed): _____
Hours of Operation: _____
Do you make house calls or deliver? If so how far do you go? _____
What type of payment options do you accept? _____
Indicate your web site address if you would like to be linked from the Chamber website: _____
Member of the ICE Program? Yes _____ No _____

The following information will remain confidential unless instructed otherwise:

Please indicate the date of when your business was established. _____
Cell: _____ Email: _____
Mailing Address _____

Signature _____ Date _____

If you are interested in helping with any Chamber Sponsored event, please indicate your preference below, and a member of the Chamber will contact you. Your willingness to help is greatly appreciated.

Cobe Cup Race, Extended into The Evening (Memorial Day weekend) _____

Labor Day Festival (Labor Day weekend) _____

Please make checks payable to: Lowell Chamber of Commerce
428 E. Commercial Avenue
Lowell, IN 46356

Welcome! We look forward to working with you. Thank you.

The Lowell Chamber of Commerce, Inc
Board of Directors

FOR OFFICE USE ONLY

Date Received: _____ Check # _____ Amt. \$ _____ Membership Decal _____ Membership Lists _____
Membership Date _____ Revised 11/28/2011