



OF COMMERCE

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

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

MEMBERSHIP APPLICATION

Please Print

\$125.00 annually

Membership Date: _____

Business Name: _____

Designated Representative: _____

Business Address: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

Phone: _____ Fax Number: _____ Cell: _____

Business Description (use backside if needed): _____

Indicate your web site address if you want linked from chamber website: _____

Please indicate the date of when your business was established. _____

Indicate with an **ASTERICK** what information from above that you want to have listed under your business listing on our Web site.

We sponsor events that require volunteer effort. Below is a list of a few of the events. If you are interested in helping with any, please indicate your preference and the committee chairperson will contact you. Your willingness to help is greatly appreciated.

<i>Cobe Cup Race (Memorial Day weekend)</i>	_____	<i>Business Expo (February)</i>	_____
<i>Labor Day Festival (Labor Day weekend)</i>	_____	<i>Any other events</i>	_____

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.

FOR OFFICE USE ONLY			
Date Received: _____	Check # _____	Amt. \$ _____	Membership Decal _____ Membership Lists _____
MEMBERSHIP APPLICATION JAN2010			