



MEMBERSHIP APPLICATION

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Website: _____

Category for Directory Listing:

- | | | | |
|--------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Child Care | <input type="checkbox"/> Education | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Health Care | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Media | <input type="checkbox"/> Municipality | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Service Industry | <input type="checkbox"/> Travel | |

Chamber of Commerce You Belong to:

- Eastern Lake County Chamber of Commerce
- Mentor Area Chamber of Commerce
- Willoughby Western Lake County Chamber of Commerce

Please submit application along with your check for \$50 for yearly dues. Make check payable to Lake County Chambers of Commerce and mail to:

Lake Kidz Biz
PO Box 146
Mentor, Ohio 44061

Lake Kidz Biz is an organization under the Lake County Chambers of Commerce

