LEWISTON AREA CHAMBER OF COMMERCE MEMBERSHIP
NEW BUSINESS MEMBERSHIP APPLICATION

IMPORTANT: Please complete this form and mail with your payment. If you are paying online, please email this form to lewistonchamberoffice@gmail.com.

The deadline for updates on the chamber website, social media, and publication is 2/1/2027.

Today's Date:_____

1st Year Member $75

Business_____

Contact Person _____

Physical Address_____

City State Zip_____

Mailing Address_____

City State Zip_____

Phone_____ Fax_____ Cell_____

Email_____Website_____

(Make payments to L.A.C.C. or Lewiston Area Chamber of Commerce)
PO Box 656, Lewiston MI 49756
Online payment is also available at www.lewistonchamber.com

What is a good date and time to meet you at your business for a new member orientation?

Date:_____ Time:_____

Total Dues Paid/Enclosed .....$_____

OFFICE USE:
Check/MO amount: $_____ Check # _____ Date Received_____

Credit Card amount: $_____ Date Received_____