**LEWISTON AREA CHAMBER OF COMMERCE MEMBERSHIP**
**Membership Dues (choose one)**

***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 2/1/2027.***

***Today's Date:_____***

***NOTE: If this form is not accompanied with the payment, all information will forward to the renewal year.***

Business ..... $150 ea.

Multiple Business (3 or more) ..... $130 ea.
****Please submit each business on an individual form.**

Couples/Family ..... $60 ea.

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

**Business/Family Name _____**
**_____ Mark with an "x" if no changes from the prior year.**

**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***

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

***Credit Card amount: $_____ Date Received_____***