



Website	_____
Directory	_____
Constant Contact	_____
Billing	_____
Mailer	_____

28200 Hwy 189, Suite O1-270, PO Box 219, Lake Arrowhead, CA 92352 www.lakearrowheadchamber.com

MEMBERSHIP SIGN-UP FORM

ORGANIZATION _____

BUSINESS TYPE _____

BUSINESS PHYSICAL ADDRESS _____

BUSINESS PHONE _____

WEBSITE _____

PRIMARY CONTACT:

NAME: _____

TITLE _____

EMAIL: _____

PHONE: _____

OTHER KEY CONTACTS AT THE ORGANIZATION:

NAME _____

ROLE/TITLE _____

EMAIL _____

PHONE _____

BILLING CONTACT NAME: _____

BILLING CONTACT EMAIL: _____

BILLING PHONE _____

USPS MAILING ADDRESS:

NAME / ORGANIZATION: _____

ADDRESS _____

MEMBERSHIP TYPE: Leadership Circle * Executive * Signature * Nonprofit * Community

PAYMENT TYPE: Cash * Check * Mastercard * Visa / **LOCATION:** Website * Office

Constant Contact: The Chamber sends matters of community interest and member promotions to its member base and other interested parties using and eblast system.

Designated email address (es) _____

We want to get to know you, to help promote your business.

1. How did you hear about us? _____
2. What are your goals in joining the Chamber? (i.e., Events, Mailers, Mixers)



Follow-up information, by email to robinbull@lakearrowheadchamber.com:

1. Send 50 word description of your business and/or services for publication on our Directory
2. Send the “keywords” most used to search and properly categorize your business
3. Send your company logo in JPEG or PNG format
4. Send links to your website and key Social Media: Facebook, Twitter, Instagram etc.