



LEAVENWORTH CHAMBER OF COMMERCE

PO Box 327 ♦ Leavenworth, WA 98826

Phone: 509.548-5807 ♦ Fax: 509.548.1014 ♦ Email: guestservices@leavenworth.org

MEMBERSHIP APPLICATION

We appreciate your interest in the Leavenworth Chamber of Commerce. Please take a few minutes to complete this membership application and it will be considered at the next Chamber Board meeting. The Leavenworth Chamber of Commerce Board meets twice a month.

_____		_____		
Business name		Business mailing address		
_____		_____		
Business address (physical)	Please Hide _____	City	State	Zip
_____	_____	_____		
City	State	Name of business on license		
_____		_____		
Business phone number		Business Owner		
_____		_____		
Fax number		Manager or contact person		
_____		_____		
Email address		Contact number and email address		
_____		_____		
Business license number (required)		Non-profit EIN		
_____		_____		

___ **Out of Area:** if your business is out of the area of the Cascade School District, check this box in addition to completing the membership classification desired section.

Membership classification desired

___ **Event:** Name of event; (please attach event form) _____

___ **Activity:** type of activity _____

___ **Retail:** type of retail store, eg. gift shop, clothing store _____

Square footage of selling area _____ Sq. Ft.

___ **Lodging:** (Please select type): B&B, Cabin/Vacation Home, Hotel/Motel, Lodge, Lodging Service, RV Park, Suite/Condo

Number of guest rooms _____ Number of Beds _____ Max number of guests _____

Breakfast Included Yes ___ No ___ Children ___ Fireplace ___ Handicap ___ Hot Tub/Spa ___ Kitchen ___

Pets ___ Pool Inside ___ Pool Outside ___ WiFi ___ Miles From Town _____

Meetings Rooms: Yes ___ No ___

No. of Meeting Rooms _____ Largest Meeting Room _____ Sq. Ft. Total Meeting Space _____ Sq. Ft.

___ **Service:** type of service business, eg., accounting, real estate, hair salon, catering, etc. _____ Number of employees _____

___ **Restaurant:** Square footage of public area _____ Outdoor Dining ___ Pets ___ Handicap ___

Serving: Breakfast ___ Lunch ___ Dinner ___ Lattes ___ Cocktails ___ Beer/Wine ___

___ **Non-profit:** type of non-profit, eg. church, chamber of commerce, etc. _____

Individual

___ **Agriculture:** type of business, eg. orchardist, grower _____

___ **Government agency:** type of agency, eg. City, county, state, federal, _____

___ **Other:** type _____



LEAVENWORTH CHAMBER OF COMMERCE

PO Box 327 ♦ Leavenworth, WA 98826

Phone: 509.548-5807 ♦ Fax: 509.548.1014 ♦ Email: guestservices@leavenworth.org

Directory and website listing:

As a Chamber member you are entitled to a free listing of your business or endeavor in the Chamber directories, Visitors Guide and on the Chamber website and one free link to your website. Out of Area members receive free listings but there will be a fee of \$50.00 for each WEB link.

Description of business, service, activity, or agency that will be used in Chamber membership directories, Visitors Guide and WEB page. (45 words or less)

The domain name of my website is: _____

Social Media: _____

Number of Banner Ads: ____ @\$400.00 each: ____

Dues \$ _____ Banner Ad(s) \$ _____ Out of Area Weblink (\$50 if applicable) \$ _____

Total Annual Obligation \$ _____ Amount due, prorated for the balance of the year \$ _____

I declare that I am a financially responsible party for my business, service, activity or agency and I understand that if my financial obligations to the Chamber are not satisfied by July 31st of any year, my business will be suspended from the web, and active promotion sources, and may not be listed in the following years Visitors Guide until paid in full and my membership may be subject to revocation.

Name: _____ Signature: _____ Date: _____
(Please print clearly)

Office use only

Application taken/received by: _____ Date: _____

Reviewed by Executive Director on: _____ Signature: _____

Membership approved by Board on: _____ Secretary signature: _____

Member contacted after approval by: _____ On date: _____

Amount received with application \$ _____ Cash, Check # _____, Cr Cd Date: _____

Added to website by _____ Date _____ Email _____

Website checked by _____ Date _____ Lodging Database _____, if applicable