



LANCASTER FAIRFIELD COUNTY
CHAMBER OF COMMERCE

MEMBERSHIP AGREEMENT

To support the Lancaster/Fairfield County Chamber of Commerce, its industrial, economic and community development programs, and its services. The undersigned hereby requests affiliation with the chamber, and subscribes annually the amount specified in the fee schedule.

Company Name: _____ Year Established: _____ # of Owners/Partners: _____

Locations in Fairfield County: _____ Category (i.e. Banking): 1.) _____ 2.) _____

Primary Contact Name & Title: _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

Email Address _____ Website _____

Tell Me More About (please circle): *Legislative Action Committee* | *Coachmen Committee* | *Safety Council* |
Event Sponsorships | *Workers' Comp Group Rating* | *Fairfield Leadership Program* | *Member Marketplace* |

Additional Contacts (All employees are entitled to utilize Chamber programs and services) — use back for more room

Name	Title	Email

Payment Options: Check Cash Visa/Mastercard

Signature _____ Today's Date: _____

Referred By: _____

Chamber use: Pricing Schedule _____ # of Employees _____ Total Investment _____ (schedule + #)

