



Lewisville-Clemmons
Chamber of Commerce

Membership Application

Full Name _____

Nickname _____ DOB _____ Sex M F

Company/Organization _____

Position/Title _____

Business Address _____

City _____ State/Province _____ Zip/Postal Code _____

Work Phone _____ Fax _____ E-mail _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Home Fax _____ Home E-mail _____

Spouse's/ Partner's Name _____

Company or Business Description _____

Reason for applying to Chamber

Recommended by: _____

Recruited by: _____

Application Completed: Yes No

Fee Paid: Yes No

Follow-ups/Comments: _____

**Please mail application and check to John Byrd, 6610 Shallowford Rd, Lewisville, NC 27023.
Annual Dues are \$100 for regular members and \$500 for sponsor members**