



# LINDSAY

CHAMBER OF COMMERCE

Office Location: 246 E Honolulu St, Lindsay, CA 93247

Mailing Address: PO Box 989, Lindsay, CA 93247

Phone: (559) 562 - 4929 | Email: [info@thelindsaychamber.com](mailto:info@thelindsaychamber.com)

Website: [thelindsaychamber.com](http://thelindsaychamber.com)

## 2023 MEMBERSHIP APPLICATION

Please complete the Lindsay Chamber of Commerce Membership application below and return to the Lindsay Chamber of Commerce by way of any of the contact details listed above. Thank you.

Company/ Name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Cell: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## 2023 MEMBERSHIP INVESTMENT

Please mark your investment choice with an **X**, **✓**, or circle your choice.

_____ Blossom Members   \$100	_____ Olive Members   \$500
_____ Orange Members   \$1,000	_____ Grove Members   \$1,500
_____ Packing Members   \$2,000	_____ Custom Member   \$ _____

## 2023 MEMBERSHIP PAYMENT DETAILS

Please make checks payable to Lindsay Chamber of Commerce.  
Tax and interest fees applied when paying by Credit/Debit Card.

Payment Method: \_\_\_ Check \_\_\_ Cash \_\_\_ Credit Card  
 Date of Payment: \_\_\_\_\_  
 Credit/Debit Card Info(if applicable): Type of Card: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Card# : \_\_\_\_\_  
 Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

## 2023 MEMBERSHIP AGREEMENT

This investment is tax deductible as a legitimate expense and is billed on an annual basis. Should you have any questions please contact the Lindsay Chamber of Commerce via any of the contact details listed at the top of this form.

Thank you for your membership.

\_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date  
 \$ \_\_\_\_\_.  
 Amount Paid

### FOR OFFICE USE ONLY

PAYMENT METHOD:  CASH  CHECK # \_\_\_\_\_  CREDIT/DEBIT CARD # \_\_\_\_\_  
 RECIEVED BY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE

