

32750 Old Woman Springs Road
P.O. Box 491
Lucerne Valley, CA 92356



LUCERNE VALLEY

Phone: 760-248-7215
Email: Lucernevalleychamber@gmail.com
Website: Lucernevalleychamber.org

Chamber of Commerce Membership Application

Name: _____

Business Name: _____

Mailing Address: _____

Street Address: _____

Type of Business: _____

of Employees: _____ Website: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

WELCOME TO LUCERNE VALLEY CHAMBER OF COMMERCE

May we take this opportunity to welcome you and your company to the Lucerne Valley Chamber of Commerce. We are proud that you have chosen to locate your business in our community. We strive to work together with businesses like yours to succeed here in Lucerne Valley.

INDIVIDUAL: \$30

2 INDIVIDUALS (at same address): \$45

NON-PROFIT ORGANIZATION: \$50

BUSINESSES

1-5 EMPLOYEES: \$70

6-12 EMPLOYEES: \$85

13-20 EMPLOYEES: \$135

21 & OVER: \$210

Would you like to make a Volunteer Donation to go towards LVHS scholarships? \$ _____

I am interested in:

Volunteering for Events

Being on the Board

Presenting my business at meetings

Would like more info on: _____

If we are approached to give out our membership list, do you want your information given out? **YES NO**

Would you be ok with us promoting your business on social media? **YES NO**

*Please submit a short biography about your business to Lucernevalleychamber@gmail.com
so we can welcome you on social media.*

For office use only:

Received: _____ Payment Amt: _____ Payment Date: _____ By: _____

FB: _____ Web: _____ Dir: _____