

Please complete the following membership form to renew or join.

Company Name: _____

Address: _____

City & State: _____ Zip: _____

Type of Business: _____

Contact Person: _____ Title: _____

Phone: (____) - ____ - _____ Fax: (____) - ____ - _____

E-mail: _____

Your Website Address: _____

I, _____ Title: _____ hereby authorize the Lyons Chamber of Commerce and/or its Agents and Members to publish and/or make public, the information I have provided. I understand my information will be posted on the World Wide Web, and posted on different social media networking sites, with the intention to build and create business within our community. I understand any photos, videos and or publications I provide will not hold any copyright provisions and may be used as needed to promote business.

Dated: This _____ Day of _____, 20____

Signed by: _____

WWW.LYONSNY.COM

Accepted by: _____ LCOC

Amount Paid: _____ Level: _____

Method of payment: Check # _____ Cash: _____