# Visit a Belle

#### LEARN MORE

Office: (863) 675-0125 Fax: (863) 675-6160 125 E. Hickpochee Avenue

P.O. Box 456

Email: lchamberofcomm@embargmail.com Website: www.labellechamber.com

> FOLLOW & 'LIKE' US ON **FACEBOOK** @LaBelleChamber



LaBelle Barron Park

#### HOURS OF OPERATION

9:00 AM - 3:00 PM **Monday- Friday** 



LaBelle Nature Park

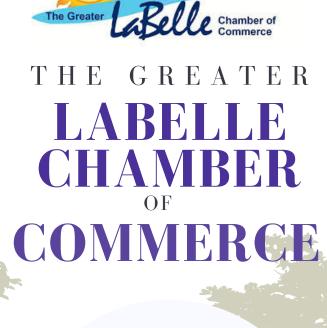


LaBelle Hendry County Courthouse











#### **MEMBERSHIP INFORMATION:**

Member dues in the Chamber of
Commerce may be tax
deductible as an ordinary and
necessary business expense.
However, Chamber dues are not
a charitable tax deduction for
federal income tax purposes.

Meetings, socials, and other events will be announced by email, our website calendar, or Facebook.

Members are entitled to display business cards and brochure advertising in "YOUR" Chamber Welcome/ Information Center.

Your website will have a link from the Chamber website. Any special event will be sent out in a weekly email blast.

#### **OUR MISSION STATEMENT:**

The LaBelle Chamber of
Commerce mission is to improve
the overall business climate and
quality of life for the western
Hendry County area through
sponsorships of programs that
promote, facilitate, and stimulate
economic growth, civic
participation and development,
business advicacy, and education.

## ANNUAL MEMBERSHIP INVESTMENT PLAN

1-9 Principals, Partners & Employees \$100.00

10+ Principals, Partners & Employees \$150.00

Non-Profit Organization \$50.00

> Booster Members \$25.00

(Dues reflect the year from January 1st through December 31st. Prorations are figured for those joining mid-year or year end.)

Acceptance as a member of the Corporation places your business or profession under the obligation to maintain the quality, integrity, and ethical standards for which we are serving.



### Membership Application

Application is hereby made for membership in the Greater LaBelle Chamber of Commerce. I agree to abide by its' bylaws, support its' objectives, and pay applicable annual membership dues. I understand that the application is subject to approval by the Board of Directors.

DATE OF APPLICATION:	
BUSINESS NAME:	
BUSINESS REPRESENTATIVE:	
TITLE:	
BUSINESS ADDRESS:	
CITY/STATE/ZIP:	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
BUSINESS PHONE:	
BUSINESS FAX:	
BUSINESS EMAIL:	
BUSINESS WEBSITE:	
BUSINESS TYPE:	
NUMBER OF EMPLOYEES:	
I CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT MY KNOWLEDGE.	TO
(PRINTED NAME OF APPLICANT)	
X	
(SIGNATURE OF APPLICANT)	