

Visit LaBelle Florida



LaBelle Barron Park



**LaBelle Nature
Park**



**LaBelle Hendry
County Courthouse**



**LaBelle Heritage
Museum**

LEARN MORE

Office: (863) 675-0125

Fax: (863) 675-6160

125 E. Hickpochee Avenue

P.O. Box 456

Email: Ichamberofcomm@embarqmail.com

Website: www.labellechamber.com

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

HOURS OF OPERATION

9:00 AM - 3:00 PM

Monday- Friday



THE GREATER LABELLE CHAMBER OF COMMERCE



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 advocacy, and education.

ANNUAL MEMBERSHIP INVESTMENT PLAN

1-9 Principals, Partners & Employees

\$100.00

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10+ Principals, Partners & Employees

\$150.00

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Non-Profit Organization

\$50.00

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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

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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 TO
MY KNOWLEDGE.

(PRINTED NAME OF APPLICANT)

X

(SIGNATURE OF APPLICANT)