

Contact Information (as it should appear in the online directory)

Firm Name: _____

Main Contact: (Mr/Ms/Dr) _____

Title: _____
First MI Last

Street Address: _____
Suite

City/State/Zip: _____
City State Zip

Billing Address: _____ **City/State/Zip:** _____

Phone: _____ **E-Mail:** _____

Number of Employees: _____ **Business Website Address:** _____

Online Business Directory Category: _____

**For a complete listing of available categories, please go to www.commercelexington.com, Business Directory, and select "All Categories" from the top menu. Listings must be specific to your business.*

Please circle all that apply (Optional--for internal tracking purposes & for inclusion in our Minority Business Directory)

Minority or female owned (circle only if more than 50% minority or female owned) Yes No

Please specify: Woman, African American, Asian-Indian, Asian-Pacific, Hispanic, Native American

Humana Broker Name: _____ **Agency Name (if applicable) :** _____

Commerce Lexington Membership & HealthSolutions Joining Fees

Total to pay when joining and enrolling in HealthSolutions - includes Commerce Lexington membership and annual Health Solutions Sub-Association Fee:

Group Size	CLX Membership Fee	Humana Health Solutions Fee	Total Due
2-5	\$395	\$350	\$ 745
6-10	\$485	\$350	\$ 835
11-30	\$575	\$750	\$ 1,325
31-50	\$795	\$750	\$ 1,545
51-75	\$795	\$1,000	\$ 1,795
76-100	\$1,000	\$1,000	\$ 2,000
100+	\$1,500	\$1,000	\$ 2,500

Total: \$ _____

Payment Method Check Visa MC AMEX
 Discover

Credit Card # _____

Exp: _____ **Billing Zip:** _____ **CSV:** _____

Name (on card) _____

Cardholder Signature: _____

Dues to Commerce Lexington are not deductible as a charitable deduction but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as a business expense because of the organization's lobbying activity. The non-deductible portion is 5%. Commerce Lexington's federal tax ID number is 61-0258800. Please see your tax accountant for more information.

Please return this form with your payment to:

Commerce Lexington • Attn: Dawn Flickinger • P.O. Box 1968; Lexington, KY 40588-1968 • Fax: (859) 233-3304

For Office Use Only: SIC Code: _____ SA: _____ Assigned to: _____