Winner’s Circle Commerce Lexington Inc. Membership Application

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

**Firm Name:** Click here to enter text.

**Main Contact:** Click here to enter text.

**Title:** Click here to enter text.

**Street Address:** Click here to enter text.

**City/State/Zip:** Click here to enter text.

**Billing Address:** Click here to enter text. **City/State/Zip:** Click here to enter text.

**Phone:** Click here to enter text. **Toll Free:** Click here to enter text. **Fax:** Click here to enter text.

**E-Mail:** Click here to enter text.

**Additional Representative** *(additional representatives will receive E-Mail news updates).*

**Name:** Click here to enter text. **Title:** Click here to enter text.

**E-Mail:** Click here to enter text.

**Please select** (Optional--for internal tracking purposes only)

**Minority or female owned** (only if more than 50% minority or female owned) Choose an item. **Specify:**  Choose an item.

**Number of Employees:** Click here to enter text.

**Business Website Address:** Click here to enter text.

**Commerce Lexington Online Business Directory Category:** Click here to enter text.

***\*For a complete listing of available categories, please go to*** [***www.commercelexington.com***](http://www.lexchamber.com/)***, Member Directory, and select “All Categories” from the top menu. Listings must be specific to your business.***

Investment & Payment Information

**Membership Investment Schedule**

Please count total number of employees within your organization. Any business with over 250 employees would automatically be calculated as a Trustee Investor. Please contact us for more information about our Board of Trustee program and how it can benefit your business.

**Annual Dues**

Click tochoose an item.

**Payment Method**

[ ]  Check [ ]  Visa [ ]  MC [ ]  AMEX [ ]  Discover

**Credit Card #** Click here to enter text.

**Expiration**: Click here to enter text.

**Billing Zip**: Click here to enter text.

**CSV**: Click here to enter text.

**Name:** (as it appears on card) Click here to enter text.

**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.*

**Volunteer: ­** Click here to enter text.

**Date:** Click here to enter text.

**For Office Use Only**

Approved by: Date:

Return to: Commerce Lexington ● Attn: Winner’s Circle ● P.O. Box 1968 ● Lexington, KY ● 40588 ●

Fax: (859) 233-3304