



Membership Benefits

1. Access to the Chamber Membership Directory
2. A Ribbon Cutting Highlighting Your Business
3. Reduced Registration Fees to Events, Workshops, and Seminars
4. Discounts on Advertising
5. Discounts on Listing your Products in the Chamber Marketplace
6. Discounts to Exhibit at Select Chamber Events
7. Free Speaker Opportunities
8. Access to Business After-Hour Mixers
9. Access to Industry Specific News, Education and Articles
10. A Voice for Public Policy Advocacy in Nevada

Membership Application

Office Use Only

Membership#:	App. Date:
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Las Vegas Health & Fitness Chamber of Commerce

Attn: Membership Department

7251 W. Lake Mead Blvd. | Suite 300 | Las Vegas, NV 89128

Phone: 702.562.4163 | Fax: 702.446.5694 | www.vegashealthfitnesschamber.com

Individual or Organization

Organization Name: _____

First Name: _____ Last Name: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Mailing Address: (if different than street address) _____

City: _____ State: _____ Zip: _____ -- _____ County: _____

Organization E-mail Address: (example: info@mycompany.com) _____

Contact E-mail Address: _____

Web Address: _____

Main Telephone: _____ Fax: _____ Cell Phone: _____

Designated Member:

First Name: _____ Last Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Your Company's Products/Services: _____

Is Your Business a? Sole Proprietor Partnership Corp. Non-Profit Other _____

Your Position is? Owner Employee Independent Contractor Other _____

Annual INDIVIDUAL Dues **\$195.00**: \$ _____ Annual BUSINESS Dues **\$295.00**: \$ _____

Admin. (first year only) Fee **\$35.00**: \$ _____ Per Employee (recurring) Fee **\$50.00**: \$ _____

TOTAL: \$ _____

CHECK #: _____ CASH VISA MC DISCOVER AMEX

I agree to pay the total amount according to the card issuer agreement.

Credit Card #: _____

Billing Address (associated with card: _____ (City) _____ (State) _____ (Zip) _____

Exp. Date (MO/YR): _____ CVC Security Code (3 digit code or 4 digit code on card): _____

Name: _____

Applicant Signature: _____ Chamber Representative(s): _____

Signature: _____

(By signing, you are stating that you have read and agree to the terms and conditions on the reverse side.)

Terms & Conditions

- Memberships will be held in the name of the individual or organization/firm.
- One person known as the (designated member) represents the firm, receives all benefits of membership, and receives all mailings and may participate on committees.
- All memberships shall be continuous unless cancelled in writing by the designated member.
- Membership payment is non-refundable.
- Membership in the Las Vegas Health & Fitness Chamber of Commerce may be terminated according to the terms of its bylaws.
- The Chamber may send communications to the organization's e-mail, personal e-mail and fax number..
- By providing your organization or individual e-mail address(es) and a fax number, you are stating you are authorized to and hereby consent for the organization and/or individual to receive faxes and/or e-mails sent by or on behalf of the Las Vegas Health & Fitness Chamber of Commerce, and have conceded to "opt-in" to our mailing list.
- If a member's dues become delinquent for a period of thirty (30) days, the delinquent member may no longer be in good standing and shall forfeit the right to vote and a notice of delinquency shall be given to the delinquent member. If delinquent dues are not brought current within ten (10) days after a notice of delinquency, membership may be terminated by designated Chamber administrative staff.
- Dues are for a period of one year from date of membership.