



MEMBERSHIP APPLICATION

Date of Application: _____ **Publish on Website?**
Enter Y/N

Name of Business/Individual: _____

Physical Address: _____

Billing Address: _____

Business Phone: _____ **Business Fax:** _____

Primary Representative: _____

E-Mail: _____

Phone: _____

Second Representative: _____

E-Mail: _____

Phone: _____

(E-Mail addresses are NOT shared)

Brief description of business services / products:

Days of Business: (circle applicable) **Mon** **Tue** **Wed** **Thu** **Fri** **Sat** **Sun**

Payments accepted: (circle applicable) **Cash** **Checks** **M/C** **VISA** **Discover** **AMEX** **Other**

Type of Business (each membership receives representation with one vote per paid membership): (circle one)

Individual Member Individual Business Member Non-Profit Small Business

Regional Business Large Business Institutional Business

Business Category: _____

Website: _____ **Facebook:** _____

Sponsor: _____ **Annual Investment:** \$ _____

Form of payment: (circle one) **Cash** **Check No.** _____ **Credit Card** **Cashier's Check**

***This membership pledge will be renewed annually unless canceled by me in writing.**

****Membership investment in the Chamber of Commerce may be tax deductible as an ordinary and necessary expense. Investments paid to the Chamber are not a charitable tax deduction for federal income purposes.**

The Chamber is not a charity but serves as an advocate organization for area businesses.

Signature _____

I have read and understand the information on this form.

**** For Administrative Purposes Only****

Web *Web*
Member profile _____ Member Contacts _____ Outlook _____ QB _____ Door Sticker _____ Member Plaque _____

New member Letter _____ Ribbon Cutting / Grand Opening _____ Date Received _____ New Member List _____