

CHAMBER MEMBERSHIP APPLICATION

Company Name: _____

Mailing Address: _____

Physical Address: _____

Business Phone Number: (____) _____ Year Opened: _____

Business Email Address: _____

Type of Business: _____ Products/Services: _____

Facebook Page: _____ Website: _____

Contact Person(s) and Title

1. _____

Address: _____

Phone : _____ Email: _____

2. _____

Address: _____

Phone: _____ Email: _____

Billing Rep/Accts Receivable Contact

Name: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Sponsorship Level (check appropriate box)

Diamond \$2500 Gold \$1500 Silver \$500 Bronze \$250 Contributor \$150

Signature: _____ Date: _____ Paid \$ _____ CK# _____

OFFICE USE: Board Approval Date: _____ Date added to Chambermaster _____ Date welcome letter sent: _____

