

Application for Membership

CONTACT INFORMATION

Company : _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail: _____ Fax: _____
Business Phone: _____ Other: _____
Main Contact Name: _____

TELL US ABOUT YOUR BUSINESS!

Number of years in business: _____
Total Number of Employees: _____ Full-Time _____ Part- Time: _____
Services Provided: _____

Website Address: _____
Check here if you would like your website link added to our website.

BILLING INFORMATION

<input type="checkbox"/> My billing information is the same as my contact information!	I want to be billed :
Bill to: _____	<input type="checkbox"/> Annually
Address: _____	<input type="checkbox"/> Semi-Annually
City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Monthly

ADVERTISING OPPORTUNITIES

I would like to take advantage of the New Member Free Insert offer to advertise my business.
The month I would like the insert to appear in the Chamber Newsletter is _____.

I would like to advertise my business on the Chamber Newsletter Business Card Page.
The cost for this service is \$48 per year. A check and business card is enclosed.

REASONS FOR JOINING (please check all that apply!)

- Referrals Relationships Recognition Reciprocity
 Resources Representation Other _____