



MEMBERSHIP APPLICATION

*Your company will be listed on our online Business Directory and printed in our Community Profile.
Please indicate how you would like your free listing to appear.*

Business Name: _____

Contact Name: (Mr/Ms/Dr) _____

Title: _____

Number of Employees: _____ Date Established: _____

Phone: _____ Fax: _____

Address: _____ Publish (Y/N)

City: _____ State: _____ Zip: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Email: _____ Publish (Y/N)

Website: _____ Publish (Y/N)

Business Category: (First category listing is free. Additional listings are \$50.00 each.)

Business Description: (Give us your description in 25 words or less and for \$75.00 we will post it on our website.)

Applicant's Signature: _____ Date: _____

Chamber Representative: _____

Your membership dues may be deducted as an ordinary and necessary business expense, not a charitable contribution.

Annual Dues \$ _____
Additional Category @ \$50.00 \$ _____
Business Description @ \$75.00 \$ _____
Total Amount Due \$ _____

Method of Payment: Cash Check Visa Master Card

Credit Card Number: _____ Expires: _____

Name on Card: _____