



2016 CHAMBER MEMBERSHIP APPLICATION

Date: _____

Company Name: _____

Contact Name: _____

Title: _____

Business Phone: _____

Business Address: _____

Mailing Address (if different) _____

Phone: _____ Toll Free: _____

Email: _____ Fax: _____

Website: _____

Facebook: _____ LinkedIn: _____

Number of Full-time Employees: _____ Part-time: _____

What Committees are you interested in? _____

My Membership Dues for: [] \$150.00 (Business)

[] \$ 85.00 (Non-Profit / Home Business)

[] \$ 50.00 (Individual)

Please include your payment and return with this application to the chamber.

Credit Card information is on the next page.



If you would like to pay with debit or credit card please include the following information:

Name on Card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

Billing Zip: _____

If you have any questions please call the chamber.

Thank You