



# Membership Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone (to be published): \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Company E-mail \_\_\_\_\_

Contact Email: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Attention: \_\_\_\_\_

I have a home based office: Yes  No

**Business Category** \_\_\_\_\_ **No. of Full-time Employees:** \_\_\_\_\_

Additional Business Category Listings (\$50 per year): \_\_\_\_\_

**Reason for Joining:** Networking\_\_\_ Education Opportunities\_\_\_ Business Advocacy\_\_\_ Discounts\_\_\_

**REFERRED BY CHAMBER MEMBER** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

		<b>PAYMENT</b>	
Membership Dues:	\$ _____ .00	Check # _____	or Cash \$ _____
(see schedule on reverse)		CC: _____ Visa	_____ MC _____ Discover _____ Am Ex
Admin Fee	\$ _____ 35.00	Card #: _____	
Add'l Category (optional)	\$ _____ .00	Security code _____	Expiration date _____
Total:	\$ _____ .00	Name on Card: _____	
		Cardholder Signature _____	

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**CHAMBER REPRESENTATIVE:** \_\_\_\_\_