

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:

HOW DID YOU HEAR ABOUT US? Chamber Member _____ Other _____

REFERRING CHAMBER MEMBER _____

		PAYMENT
Membership Dues:	\$ _____ .00	Check # _____ or Cash \$ _____
*Admin Fee	\$ _____ 50.00	CC: ___ Visa ___ MC ___ Discover ___ Am Ex
Add'l Category (optional)	\$ _____ .00	Card #: _____
Associate Members:	\$ _____ .00	Security Code _____ Expiration date _____
Total:	\$ _____ .00	Cardholder Signature _____

***Refer a new member within 60 days and the Admin Fee is refunded.**

Applicant Signature: _____ **Title:** _____

CHAMBER REPRESENTATIVE: _____ **DATE** _____

Would you like to increase your Chamber involvement by joining a Committee or offering your skills for a future Task Force or Event? Yes___ No___

- Area of Interest: _____Member Ambassador Committee
_____Government Affairs
_____Small Business Advisory Board
_____Military Affairs Committee
_____Economic Development Committee
_____Other _____

Additional Notes:
