

## JOIN THE CHAMBER TODAY!

*Please complete this form and return it to the Chamber. All membership applications must be completed and accompanied by a check or credit card information.*

COMPANY NAME

NUMBER OF EMPLOYEES \_

CONTACT PERSON NAME  
(will be main contact for Chamber and receive all mailings and invoices)

BUSINESS CATEGORY  
(Please describe your business and products)

YOUR PHONE AND E-MAIL

ANNUAL DUES INVESTMENT: \_

SPONSOR: \_

FORM OF PAYMENT:

ADDITIONAL PEOPLE TO PUT ON THE MAILING LIST (if applicable)

Check Enclosed

Credit Card



Credit Card: \_

Credit Card Number:

ADDRESS (Street Address, City, State, Zip)

Expiration Date: \_

Name that appears on the card:

MAIN PHONE & MAIN FAX AT OFFICE

Signature:

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