

# Membership Application

Business Name/Individual Name: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Referred by: \_\_\_\_\_

Local Contact Person and Title (if different from owner): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Physical Business Address (if different from mailing): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Brief description of business:**

---

---

---

---

---

**Membership Level (Circle One)**

*See brochure for membership benefits*

Individual (\$50)

Bronze (\$100)

Silver (\$250)

Gold (\$350)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Attached: \$ \_\_\_\_\_

Would you be interested in becoming a Chamber of Commerce volunteer if the need arises?

Yes

No