

MEMBERSHIP APPLICATION

COMPANY NAME: _____

REPRESENTATIVE: _____

ADDITIONAL REP: _____

VOTING REP: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____ WEBSITE: _____

BUSINESS TYPE: _____ # OF EMPLOYEES: _____

DATE ESTABLISHED: _____ REFERRED BY: _____

What projects would you like to see the Chamber work on? _____

Would you like to be a Chamber Director? Yes No Maybe

Interested in sponsoring a Chamber Event? Yes No Maybe

In which of the following areas would you like to volunteer your services?

Ambassador Committee:

Communications Committee:

Finance Committee:

Events Committee:

Education Committee:

Gala Committee:

Government/Legislative
Affairs Committee:

Offer for Member Perks Program:

MEMBERSHIP LEVEL: _____ FOUNDER: _____ METHOD: _____ PAYMENT: _____

SIGNATURE: _____ DATE: _____