



APPLICATION FOR MEMBERSHIP

Please Print Legibly

COMPANY NAME: _____

MAIN REPRESENTATIVE: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS LOCATION ADDRESS (IF DIFFERENT) _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _(____) _____ FAX: _(____) _____ OTHER: _____

E-MAIL: _____ WEB SITE: WWW. _____

BILLING ADDRESS: (IF DIFFERENT) _____

BILLING CITY: (IF DIFFERENT) _____ ST: _____ ZIP: _____

LIST OTHER REPRESENTATIVE YOU WOULD LIKE TO RECEIVE INFORMATION SUCH AS NEWSLETTERS, NOTICES, ETC.

NAME: _____ E-MAIL: _____

NAME: _____ E-MAIL: _____

NAME: _____ E-MAIL: _____

NAME: _____ E-MAIL: _____

BUSINESS MAIN CATEGORY: (YOUR YELLOW PAGES LISTING) _____

OTHER CATEGORIES: _____

NO. EMPLOYEES AND /OR AGENTS: (IF RETAIL-GENERAL OR PROFESSIONAL BUSINESS) _____ (2 PART-TIME EQUALS 1)

NO. ROOMS OR SEATS: (IF LODGING OR RESTAURANT) _____

AMOUNT OF DUES INVESTMENT: \$ _____ (SEE INVESTMENT SCHEDULE) PAID: \$ _____

50 WORDS (OR LESS) WHICH BEST DESCRIBES YOUR BUSINESS: _____

SIGNED: _____ SIGNED: _____
COMPANY REPRESENTATIVE CHAMBER REPRESENTATIVE