



MEMBERSHIP APPLICATION

Date: _____

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Alt Phone: _____

Fax Number: _____

Email: _____

Website: _____

Number of Employees: _____

Form of Business

- Corporation
- Partnership
- Sole Proprietor
- Nonprofit
- Individual

Nature of Business

- Service
- Retail
- Wholesale
- Hospitality Related
- Office
- Distribution
- Manufacturing
- Transportation
- R & D
- Other _____

Chamber Category

- Financial Institution
- Utilities
- Government
- Hotels/Motels <=50 Rooms
- Hotels/Motels >50 Rooms
- Business
- Individual
- Non-Profit
- Organization/Club/Churches

Associate Members:

(A Primary Member may have up to (3) Associate Members under the umbrella of the Primary Membership - Dues Required for Each)

Name	Position	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____