## CHAMBER MEMBERSHIP APPLICATION

Company Name:				
Mailing Address:				
Physical Address:				
Business Phone Number: (_	mber: ()Year Opened:			
Business Email Address:				
Type of Business:	Products/Services:			
Facebook Page:	Website:			
Contact Person(s) Name and T	itle			
Name:	Title:			
Address:				
Phone :	Email:			
Name:		Title:		
Address:				
Phone:	Email:			
Billing Rep/Accts Receivable P	erson			
Name:				
Address:				
Email:	Phone:		Fax:	
Sponsorship Level (check	appropriate box)			
☐ Diamond \$2500	Gold \$1500	Silver \$500	☐ Bronze	\$250
Contributor \$150	Political \$150	☐ Individual \$	50	
Signature:		Date:	_ Paid \$	CK#
OFFICE USE: Board Approval Date:	Date added to Chamb	ermaster	Date welcome letter se	nt:





