



2017/18 Membership Application Form

Name Of Business: _____ Phone: _____

Physical Location: _____ Fax: _____

Mailing Address: _____

Email: _____ Website: _____

Facebook name _____ Twitter username @ _____

Of Employees: _____ Year Established: _____ Business Registration Number: _____

Name & Title Of Business Owner/Manager: _____

Business Classification: _____ Sub Category: _____

How Did You Hear About The Event / The Chamber:

- Chamber Rep Chamber Event Board Of Directors
 Media Member Referral Other _____

Areas Of Interest:

- Advertising & Marketing Group Health Insurance Events
 Networking Opportunities Merchant Services Workshops & Seminars
 Advocacy Referrals Helping With Community Projects

Are You A Member Of Any Other Non Profit Groups Or Associations?

1. _____ 3. _____
2. _____ 4. _____

Why Are You Joining The Chamber of Commerce?

- I want to learn how to grow my business.
 I want to keep current on safety and other regulations, marketing strategies, financial strategies pertaining to my business.
 I want to get involved with the community.
 Other _____