



2020/21 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:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Chamber Rep | <input type="checkbox"/> Chamber Event | <input type="checkbox"/> Board Of Directors |
| <input type="checkbox"/> Media | <input type="checkbox"/> Member Referral | <input type="checkbox"/> Other _____ |

Areas Of Interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Group Health Insurance | <input type="checkbox"/> Events |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Merchant Services | <input type="checkbox"/> Workshops & Seminars |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Referrals | <input type="checkbox"/> 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 _____