



MEMBERSHIP INVESTMENT

Date: _____ Referred By: _____

Individual Non-Profit Business Membership \$ _____

Name of Company: _____

Main Contact: _____ Email: _____

Number of Employees: _____ Number of Rooms: _____ Number of Seats: _____

Mailing Address: _____

City: _____ State & Zip: _____ Use for Directory?

Physical Address (if different): _____

City: _____ State & Zip: _____ Use for Directory?

Business Phone: _____ Fax # _____ Alt. Phone: _____

Website: _____

Preferred Method of Contact (circle one): Phone Fax Email

Up to five company representatives may receive Chamber correspondence, news and updates:

Name and Title	Email
_____	_____
_____	_____
_____	_____
_____	_____

Women Owned? Yes No Minority? Yes No

Please Note: Members receive three categorical listings on the website and one categorical listing in the printed Member Directory.

Business Category #1: _____

Business Category #2: _____

Business Category #3: _____

Signature of Applicant: _____

Signature of Chamber Rep: _____

Method of Payment: Cash Check Visa Master Card Amex

Card # _____ Exp Date: _____

Signature of Cardholder: _____