

Chamber Member Application

Business/Organization Name _____

Business/Organization Physical Address _____

Business/Organization Mailing Address _____

Business/Organization Phone Number _____

Business/Organization Email _____

Business/Organization Website _____

Business/Organization Facebook _____

Business/Organization Instagram _____

Business/Organization Twitter _____

Business/Organization Snapchat _____

Organization Contact Name _____

Organization Contact Phone Number _____

Organization Billing Contact Name _____

Organization Billing Contact Phone Number _____

Organization Billing Contact Email _____

Approved non-profit organization? _____

What are your hours of operation?

Monday _____ Thursday _____ Sunday _____
Tuesday _____ Friday _____
Wednesday _____ Saturday _____

What would you like the community to know about your business? (Please list all services you provide)

Additional information about your business:

Please return this membership application with your check to the Chamber or complete credit card information below:

Business/Individual Name on Card _____

Credit Card Number _____

Expiration Date _____ CVV code _____

Billing Zip Code _____