



SouthShore Chamber of Commerce Membership Application

YES!

I want to invest in the future of my business and
the community through membership in The SouthShore Chamber of Commerce.
To List Your Business Name & Info in the Membership Directory on the Chamber's Website,
Please Complete and Submit the Information Below.

Would you like assistance in setting up your FREE Landing Page on the Chamber's Website? -Yes -No

Business / Individual's Name _____ Type of Business _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Website _____ Business License # _____ - Attached -Yes -No

President/Owner _____ Year Established _____

Contact Person _____ Telephone _____ Email _____

Selected Membership Level - _____ \$ _____

Non-Profit Member - _____ \$ _____

Premium Bonus Add-ons - _____ \$ _____

Total Annual Membership Dues \$

If you were you referred by a SouthShore
Chamber Member, please provide the name: _____

We Accept Major Credit Cards

Check One: Visa - MasterCard - American Express - Discover -

Card Account Number _____

Expiration Date _____ ID number on back of card _____

Name on Card: _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Today's Date _____