



Membership Profile

Business Name: _____
Primary Contact Name: _____
Primary Contact Phone: _____ Cell: _____
Street Address: _____ City _____ State _____ Zip _____
Billing Contact Name (if different than above): _____
Billing Contact Phone: _____
Billing Address: _____ City _____ State _____ Zip _____
E-mail Address: _____
Website Address: _____

Do you consent to receive email blasts, newsletters, invitations, etc.? Yes No

Category heading for listing in Chamber Directory & Chamber Website:
_____ (choose one category – refer to category listings)

Fill in employee & membership information:

of F/T employees: _____ # of P/T employees: _____ Total # of employees: _____

Annual Membership Dues: \$ _____

One Time Processing Fee: \$10.00 (new members only)

Add ons:

Star Package: \$150

Gift Card Program: \$25

Total Annual Membership Investment: \$ _____

*Please state your reason for becoming a member: _____

Business Representative Signature _____

Date _____

Chamber Use: Amount Paid \$ _____ Pmt. Type: Cash _____ CC _____ CK # _____

Rcvd.: Mail _____ Office _____ Date: _____ Initial: _____