

New Member Application Form



Company Information

Company/Organization name _____

Representative/Contact person _____

Street address _____ Telephone _____

Mailing address _____ Fax _____

City _____ State _____ Zip _____

Email* _____ Web site _____

* We will send you notifications by email, however, your email address will not be published in our directories.

UBI # _____ Hours of operation _____

Company Description

Tell us more about your company. Let us know what products and services you offer and what makes your company unique. This description will be displayed with your listing on the Chamber's online member directory. **Please use 200 characters or less** (including spaces).

Number of Employees

Full-time staff count as 1, while each part-time staff count as 0.5. For example, 3 full-time staff and 2 part-time staff equal 4 full-time equivalent (FTE).

Full time _____ + Part time _____ = FTE _____

Membership Fee

Annual Investment amount \$ _____

Paid by: ___ Visa/MC ___ Cash ___ Check # ___

Visa/MC card # _____

Exp. Date _____

Cardholder's name _____

FOR OFFICE USE ONLY

- Entered into CM/CC And AAOA
- Posted on Facebook
- Advertised in VBN
- Emailed login information