



MEMBERSHIP APPLICATION

COMPANY/BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **NUMBER OF EMPLOYEES:** _____

TELEPHONE NO: _____ **FAX NO:** _____

E-MAIL ADDRESS: _____

WEB ADDRESS: _____

CONTACT PERSON: _____

TYPE OF COMPANY/BUSINESS: _____

MEMBERSHIP DUES

INDIVIDUAL/CIVIC ORGANIZATION.....\$ 100.00

COMPANY/BUSINESS:

1-5 EMPLOYEES.....\$ 175.00 BASE

6 OR MORE EMPLOYEES..... \$ 175.00 BASE PLUS \$3.00 per employee

I would like to charge my membership dues:

Account Number: _____

Expiration Date: _____

Name as it appears on Account _____

Type of Card: Discover, Visa or Master Card Only _____

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP IN THE COLONIAL HEIGHTS CHAMBER OF COMMERCE, COLONIAL HEIGHTS, VIRGINIA, AND IN CONSIDERATION OF THIS APPLICATION BEING ACCEPTED AGREES TO PAY THE ANNUAL DUES OF \$ _____ UNTIL MEMBERSHIP IS CANCELED THROUGH WRITTEN RESIGNATION OR OTHERWISE TERMINATED BY ACTION OF THE BOARD OF DIRECTORS OF THE CHAMBER OF COMMERCE.

AUTHORIZED BY: _____
 (New Member's Signature)

SPONSOR: _____ **DATE:** _____

COLONIAL HEIGHTS CHAMBER OF COMMERCE
 201 Temple Avenue, Suite E
 COLONIAL HEIGHTS, VIRGINIA 23834

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