



Chamber Member Application

Business/Individual Name: _____

Address: _____

Primary Contact Name: _____ Work Phone: _____

E-mail _____

Social Networks / Website: _____

Number of Employees: _____ Date Opened: _____

Description of Services: _____

Brief Business Biography: (3-4 Sentences for Chamber Spotlight purposes)

Desired date/time for ribbon cutting: _____

What services could your Chamber of Commerce offer you to help make your business more successful?

Type of Member:

_____ Non-Profit/Individual

_____ General

_____ Manufacturing

_____ Government

_____ Bank

_____ Professional

Signature: _____ Date Joined: _____

Chamber member who referred me: _____