



Membership Application

Business/Organization Name: _____

Business Street Address: _____

Business City: _____ State: _____ Zip: _____

Business Phone: _____ Year Business was Founded: _____

Is this also your billing address? **Yes No** If not, please provide a billing address:

Directory Contact Name: _____

Email: _____ Add to Email Distribution List: **Yes No**

Billing Contact Name: _____

Email: _____ Add to Email Distribution List: **Yes No**

Event and Participating Contact Name: _____

Email: _____ Add to Email Distribution List: **Yes No**

Others for Email Distribution List? _____

Business Website _____

Social Media Handles: Facebook.com/_____

Twitter.com/_____ Instagram.com/_____

Others? _____

Choose your Online Directory Categories (these are subject to change over time)

- Accommodations
- Advertising, Marketing & Media
- Art, Artists & Authors
- Automotive & Marine
- Business & Professional Services
- Computers & Telecommunications
- Construction & Building Services/Supplies
- Design Services
- Family & Community Services
- Finance & Insurance
- Government, Education & Individuals
- Health & Wellness
- Healthcare
- Home & Garden
- Manufacturing, Production & Wholesale
- Non-Profit & Religious Organizations
- Personal Services
- Pet Care
- Photographer & Videographer
- Real Estate, Moving & Storage
- Restaurants, Food & Beverage, Catering
- Shopping & Specialty Retail
- Sports & Recreation
- Other: _____

Please indicate what you're looking for from your Chamber Membership. 1= top priority

___ Networking Opportunities

___ Increased Visibility & Marketing

___ Access to Business Tools & Training

___ Making an Investment in Our Business Community

___ Other: _____

For Office Use:

Renewal Date: _____

Membership Level: _____

Paid: _____

Been a member before: _____