

# Chamber of Commerce Membership Enrollment Form

Please fill out this enrollment form. Once completed, print this page and submit it to the Chamber of Commerce office to finalize your membership.

## Business / Organization Information

Business Name:

Primary Contact Person (Name & Title):

Physical Address (Street, City, State, Zip):

Mailing Address (if different):

Phone Number:

Email Address:

Website URL:

Business Category / Industry:

Number of Full-Time Employees:

## Membership Investment Level

Please enter your desired membership tier (e.g., Bronze, Silver, Gold, Platinum):

Selected Membership Level:

Annual Investment Amount (\$):

## Payment Information

Please indicate your preferred payment method (e.g., Check, Credit Card, Invoice Me):

Payment Method:

## Authorization & Signature

By signing below, the applicant agrees to the terms of membership with the Chamber of Commerce.

Authorized Representative Signature (Sign after printing):

Date: