

NEW Member Information

Business name:	Contact name:
Physical address:	City/ST/zip:
Mailing address:	City/ST/zip:
Phone:	Email:
Toll-free phone:	Website:
Brief description of product/service:	
Wheelchair accessible?	(yes/no) Pet friendly? (yes/no)
DESIGNATED	VOTING MEMBER
Name:	Position:
Address:	City/ST/zip:
Phone:	Email:
Busines	ss License(s)
If your business requires any trade or prof	ressional licenses, please list and attach copies*:
*My business does not requ	uire any licenses (initials)
MEMBERSHIP CATEG Sole Proprietor/Home-based \$150 Business with 2-5 persons working \$190 Business with 6-10 persons working \$235 Business with 10+ persons working \$280	Associate members (non-voting): Clubs, non-profits \$35 Artists, individuals, officials \$60
Extra web listing \$100.00 each	category(s)
Member Signature	Date
I am interested in serving on a Chan	nber committee Yes NoMaybe

Applications are processed upon receipt of payment.

Annual dues are prorated on a quarterly basis. Contact the Chamber office for more information.