

NEW MARKET AREA CHAMBER OF COMMERCE

2017 MEMBERSHIP APPLICATION

Business Name: _____

Representative/Title: _____

Birthdate (mm/dd) optional: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different from physical) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Website Address: _____

Business Phone: _____ Toll Free: _____

Cell: _____ Fax: _____

Membership Type (select from below): _____

- Multi-business Enterprise \$140.00
- Business with 4 or more Employees \$117.00
- Business with 0 - 3 Employees \$ 63.00
- Individual Membership \$ 36.00
- Civic Organization \$ 36.00
(churches, fire, rescue, garden clubs, etc.)

Annual Dues: \$ _____ Date Sent: _____

Please make checks payable to:
New Market Area Chamber of Commerce
Post Office Box 57
New Market, VA 22844

Phone: 540-740-3212

For Office Use Only:

Date Rec: _____ Certificate: _____ EMail Dist List _____ Database _____