

NEW MARKET AREA CHAMBER OF COMMERCE

2021 MEMBERSHIP APPLICATION

Business Name: _____

Representative/Title: _____

Birthday (mm/dd) Optional _____

Address (Physical): _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (only if different from physical): _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Website: _____

Business Phone: _____ **Toll Free:** _____

Cell: _____ **Fax:** _____

Membership Type (select from below) _____

Annual Dues: \$ _____ **Date Sent:** _____

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.)

Please make your checks payable to:
NEW MARKET AREA CHAMBER OF COMMERCE
P.O. BOX 57
NEW MARKET, VA 22844
Phone 540-740-3212

For Office Use Only:

Date Rec: _____ E-Mail Dist List _____ Database _____ Certificate _____