

NEW MEMBER APPLICATION

CompanyName				
Physical Address				
Mailing Address				
PrimaryPhone		Fax		
AlternatePhone		Toll-free Phone		
MainCompanyEmail				
#ofFull-timeEmplo	pyees	#ofPart-timeEmployees		
Website				
Interested in having a ribbon cutting? If so , when /where is convenient for you? *Note: Ribbon cuttings are normally on Tuesdays or Thursdays at either 10:30 amor 1:30 pm.				
Short Business Desc	ription	Driving Directions		
HoursofOperation				
		CompanySocialMedia		
Business Category/	Categories			

PRIMARY REPRESENTATIVE				
RepresentativeName				
RepresentativeTitle				
Representative Address				
Representative Email				
WorkPhone				
CellPhone Home Phone				
Interested injoining the Chamber Ambassadors? COMMUNICATION PREFERENCE				
Yes No SendMeMore Information PRINT EMAIL BOT	ГН			
BILLING REPRESENTATIVE (IF DIFFERENT FROM PRIMARY)				
RepresentativeName				
RepresentativeTitle				
Representative Address				
Representative Email				
WorkPhone				
CellPhone Home Phone				
Interested injoining the Chamber Ambassadors? COMMUNICATION PREFERENCE				
Yes No SendMeMore Information PRINT EMAIL BOT	ГН			
MembershipType Small Business (Less Than 10 Employees) AlsoMainStreetClintonMember?				
PaymentSchedule: Monthly Annual PaymentMethod Card				
*AllMembersmustsignpaymentscheduleagreement Cash/Check/Card/ACH				
AutoPay? *Note:Ifmonthlyscheduleisselected,MembermustbesignedupforAutoPay				