



SUMMERSVILLE AREA CHAMBER of COMMERCE

CONNECTING BUSINESS WITH COMMUNITY

P.O. Box 567 · Summersville · WV 26651
Office (304) 872-1588 · Fax (304) 883-2588
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www.summersvillechamber.com

MEMBERSHIP APPLICATION

Please complete and return along with payment to the Chamber office. Active membership gives you opportunity for leadership in the Summersville area business community. Chamber membership dues are determined as described on the schedule below. Each membership receives one vote.

Your tax deductible donations are welcomed to support a productive Chamber agenda.

Business Name _____

Mailing Address _____

City / State / Zip _____

Main Phone _____ Fax _____

Website url _____

Please link my website from the Chamber's website

Voting Member _____

Phone _____ Ext. _____

E-mail _____

Alternate _____

Phone _____ Ext. _____

E-mail _____

SCHEDULE OF MEMBERSHIP DUES

Please check the category that best describes your business.

- An Individual** (no business) \$ 25
- Registered Non-Profit Organization** 25
- Sole Proprietor** (no employees) 50
- Governmental Agency** 100
- Business for Profit** (1 to 5 employees) 100
- Business for Profit** (6 to 15 employees) 150
- Business for Profit** (16 to 25 employees) 200
- Business for Profit** (26 to 50 employees) 250
- Business for Profit** (51 to 100 employees) 300
- Business for Profit** (100 or more employees) 400

Please describe the nature of your business in 50 words or less. This description will be used in the membership directory listed in the Chamber of Commerce website.

I would be interested in conducting a chamber-sponsored seminar or workshop on the following topics:

Signature _____

Date _____