



**SUMMERSVILLE AREA
CHAMBER *of* COMMERCE**

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 to the right. Each membership receives one vote.

Business _____

Mailing Address _____

Physical Address _____

City/State/Zip _____

Phone _____

Fax _____

Voting Member:

Name _____

Phone _____

Fax _____

Email _____

Alternate Voting Member:

Name _____

Phone _____

Fax _____

Email _____

Additional employee names and email addresses for Chamber communication:

Name _____

Email _____

Name _____

Email _____

Would you like to be texted reminders about Chamber events? If yes, please provide your cell phone number.

Yes ___ Cell Phone _____

No _____

Information for the website and membership directory:

Website
URL _____

Business
Hours _____

Please describe the nature of your business in 75 words or less. This description will be used in the membership directory as well as on the Chamber website.

Would you like to participate in Career Day in the spring of 2011 as a speaker?

Yes _____ Your Career _____

No, not this year _____