

MEMBERSHIP APPLICATION

Business Name _____ Address _____

City, State, Zip _____

Billing Address (if different) _____

Phone _____ Fax _____

E-Mail Address _____ Web site Address _____

Owner _____ Manager or Contact Person (if other than owner) _____

Business Category (check one) Shopping___ Restaurants___ Lodging___ Business Resources___

Health Care___ Attractions___ Community Guide___

Business description

(Visitors to the website can do a search on EITHER part of your BUSINESS NAME or part of your DESCRIPTION)

DUES _____ (from attached Membership Investment page)

Members shall pay membership dues as determined by the Board of Directors. Any member can contribute an additional amount, but shall in no case have more than one vote. Members agree to abide by the bylaws and policies duly enacted by the Board of Directors.

NOTE: Pursuant to the Revenue Act of 1987, we are required to advise you that your Association dues are not deductible as charitable contributions for Federal income tax purposes. Your dues payment, however, remains deductible as a business expense to the same extent permitted under prior law.

Please make checks payable to Galena Area Chamber of Commerce (or) complete the following Credit Card information

Credit Card # _____ Expiration Date ____/____

Signature _____

Date _____