



## Membership Application

Full, proper company name:

\_\_\_\_\_ (This will be how the name will appear in the website Membership Directory and all other areas of promotion)

**Physical Address** \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Mailing / Billing Address** \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Toll Free Number \_\_\_\_\_

Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Website Address \_\_\_\_\_

**Month/Day/Year** your business was established \_\_\_\_\_ Number of Employees: **full-time** \_\_\_\_\_ **part-time** \_\_\_\_\_

Business Category (yellow pages category) \_\_\_\_\_

Prefer contact by: \_\_\_\_\_ email \_\_\_\_\_ mail \_\_\_\_\_ fax

Primary Contact Name:

(Mr / Ms / Dr) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Other Contact Names/Titles/Email (use back if needed): \_\_\_\_\_

\$ \_\_\_\_\_ Base Annual Investment (refer to brochure)

\$ 25.00 One-time Administration Fee

**\$ \_\_\_\_\_ Total First-Year Investment**

Method of Payment

\_\_\_\_\_ Check \_\_\_\_\_ Credit Card Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

I am interested in the Adopt-A-School program. Please send me information about adopting \_\_\_\_\_ (school name).

Chamber Staff: \_\_\_\_\_ Chamber Volunteer (name/company) \_\_\_\_\_

**Mail to: Siloam Springs Chamber of Commerce PO Box 476 Siloam Springs AR 72761-0476**

Revised 3/30/2009