

FAIRMONT AREA CHAMBER OF COMMERCE

Membership Application



BUSINESS INFORMATION

Organization Name				Date		
Street Address				Office/Unit #		
City		State		ZIP		
Mailing Address				P.O Box		
City		State		ZIP		
Phone			E-mail Address			
Fax			Website			

List up to 3 Business Categories						
Please list the name of any of your social media pages						
Please list 5 items to emphasize special features about your business	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 					
Why are you joining the Chamber?	Professional development programs, events Seminars, and networking: _____ Other (Please Specify): _____ Support community spirit/civic responsibility _____			Promotional Opportunities _____ Referral Services _____		

REPRESENTATIVE INFORMATION

Primary Representative		Title		Phone		Email	
Billing Representative		Title		Phone		Email	
Other Representative		Title		Phone		Email	
Other Representative		Title		Phone		Email	
Other Representative		Title		Phone		Email	

Were you referred to the Chamber by another member?
 If so, please list whom:

LEGAL STRUCTURE (CHECK THE BOX THAT APPLIES)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S-Corporation
<input type="checkbox"/> LLP	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> LLC

OWNERSHIP

Date Established		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Number of Full-Time Employees		Number of Part-Time Employees	
Number of Locations		Hours Open	Fees/Rates
Areas Served	Local <input type="checkbox"/>	State <input type="checkbox"/>	Regional <input type="checkbox"/>
		National <input type="checkbox"/>	International <input type="checkbox"/>

***Please make sure that you cut out the forms from the Membership Packet and send them in along with this application, Thank you.

DISCLAIMER AND SIGNATURE

The undersigned hereby makes an application for membership in the Fairmont Area Chamber of Commerce. The applicant acknowledges that they have received and will maintain all licensing required and accreditations being promoted pay any required taxes applicable, and information disclosed on this application reflected accurately. Membership investment in the Fairmont Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense, but not as a charitable tax deduction for federal income tax.

Signature

Date

PRINT FORM