

## Membership Application

**Membership Type** (Circle One): Individual Family Student Senior Business/Organization

**Applicant Name:** \_\_\_\_\_

**Contact Name (if different):** \_\_\_\_\_

**Company/Organization Name (if applicable):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business/Daytime Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Type of Business/Organization** (if applicable; circle one): Retail Service Processing/Manufacturing

Utility Finance/Credit Bank/Savings & Loan Civic/Non-Profit Agricultural Higher Learning

Real Estate/Insurance/Brokerage Professional Other

**Please give a brief description of your company or organization:** \_\_\_\_\_

## Your Membership Investment

**Are you interested in serving on a Committee? If yes, circle one:**

Agricultural Business Civic Communications Education Membership

**What Can the Chamber Do For You?**

\_\_\_ Offer Services/Programs      \_\_\_ Create Stronger Business Community

\_\_\_ Focus on Priorities of Community      \_\_\_ Create Networking Opportunities

Annual Investment (see enclosed dues schedule): \_\_\_\_\_

Listing in Local Business Directory: Included

Listing on Chamber Website: Included

Map Link to your address: Included

Business Spotlight: Included

**Total Amount Due:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant/Signing Authority**

\_\_\_\_\_  
**Date**

**“Where You Want To Be!”**

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