

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: Business Civic 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 dues schedule): _____

Listing in Local Business Directory: Included

Listing on Chamber Website: Included

Link to Your Website: Included

Map Link to your address: Included

Business Spotlight: Included

One Free Ad in Newsletter: Included

Total Amount Due: _____

Signature of Applicant/Signing Authority

Date

Chamber Use Only: Welcome Pack Website Directory Database Announcement Newsletter

“Where You Want To Be!”

OFFICE: 706-384-4659 | FAX: 706-384-3204

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