

MEMBERSHIP SIGN-UP FORM

Joining the Chamber is a great investment! This information is used for your directory listing. It will also be used by our staff as a reference tool to answer inquires from the public about your business and to provide accurate referrals.

All info on this form will be made available to the public except for the email address.

Company Name:	
Legal Name:	
Mailing Address:	Location:
City, State Zip:	City, State Zip:
Phone:	Fax:
800 #:	Winter #:
Manager/Owner:	Contact:
e-mail address:	Website: www
Choose your directory listing from the enclosed list:	
Additional Listings (\$75 each):	
Business Description:	
# of Employees: Special Instruction/information for our staff: Open year round: Yes: No: from to Hours of Operation: Additional Licensed Professionals: (Please use the back of this form to list their information)	
Accommodations/Restaurant info:	
# cottage/condo units: # restaurant seats:	# campground sites: # hotel/motel rooms:
Children Welcome: \Box Pets Welcome: \Box Indoor Pool: \Box Outdoor Pool: \Box Water View: \Box Refrig. In rm: \Box	
# rms w/Jacuzzis: w/fireplaces: # of rms with kitchenettes: # of Handicapped accessible rms:	
Banquet/Conference facilities: Max. # of occupants:	Business services: Fax: \square Modem: \square Other:
Other features:	
The Best way to Contact you: Phone: \Box Fax: \Box E-mail: \Box	Other:
Credit Card	Security
Quarterly Payment Agreement: YES NO Amount to be charged on the first day of each quarter \$	
Membership is billed annually. No refunds on cancelled membership. N	Membership can only be cancelled at renewal time each year.
Signature:	Date: