

Date:

## MEMBERSHIP APPLICATION

Member Information Organization Name: Physical Address: City: State: Zip: Mailing Address: City: State: Zip: **Business Phone:** Fax: Website: **Email Address:** Twitter: Facebook: Logo (email to events@reidsvillechamber.org) LinkedIn: **Business Description** Please give a description of your business. \*Emphasize the special features, unique assets, and all services your business offers.



## MEMBERSHIP APPLICATION

## I am interested in the following:

□ Ambassador Program		□ Annual Golf 'FORE' I	☐ Annual Golf 'FORE' Reidsville Tournament	
☐ Annual Staff Appreciation Celebration		☐ Annual Reidsville Business Showcase		
☐ Hosting a Lunch & Learn		☐ Annual Breakfast with Santa		
☐ Hosting an After Hours		☐ Hosting a Coffee		
☐ Annual Awards Luncheon		☐ Other (Please Specify):		
I am interested in these Sponsor	ship/Media Opp	ortunities:		
☐ Enhanced Listing		☐ Chamber Champions S	☐ Chamber Champions Sponsorship Program	
☐ First Benefits Workers Comp. Insurance		☐ Golf 'FORE' Reidsville Sponsorship		
☐ Reidsville Business Showcase Sponsorship		☐ Annual Awards Sponsorship		
☐ Staff Appreciation Celebration Sponsorship		☐ Banner Advertisement		
☐ Other (Please Specify) :				
Why are you joining the Reidsvi	lle Chamber of (	Commerce?		
☐ Professional Development		☐ Programs and Events		
☐ Seminars and Networking		☐ Promotional Opportunities		
☐ Referral Services		☐ Community Support		
☐ Other (Please Specify):				
Representative Information				
Primary Representative:	Title:	Phone:	Email:	
Billing Representative:	Title:	Phone:	Email:	
Other Representative:	Title:	Phone:	Email:	
Would you like to receive Chamber u	pdates via text mes	saging? (If yes provide cell phone	e number below):	

140 S. Scales Street • Reidsville, NC 27320 • www.reidsvillechamber.org • 336-349-8481



## MEMBERSHIP APPLICATION

Referral				
Were you referred to the Chamber by another member? Please List By Whom:				
Date Established:	# of Full-Time Employees	#Part-Time Employees		
Hours Open:	F	Fees/Rate		
Dues are not deductible as a	charitable contribution but are a business exp	pense.		
Category of Business:				
CATEGORY D	ESCRIPTION(S*) OF YOUR BUSINESS (T * \$20.00 for each additional listi			
Payment Schedule:				
☐ Annually	☐ Semi- Annually			
☐ Quarterly	☐ Monthly			
Invoice Preference:				
☐ Invoice by email	☐ Invoice by mail	Both		
Commerce and agrees to the Chamber and Chamber Chamber of Commerce si	unites with others in underwriting an adequate pay the sum of: (\$	) dollars annually as an investment in vestment shall continue until the tention to increase, reduce or cancel		
Signature:		Date:		
Employee Signature:		Date:		