



MEMBERSHIP APPLICATION

Date:

Member Information

Organization Name:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Business Phone:

Fax:

Email Address:

Website:

Facebook:

Twitter:

LinkedIn:

Logo (email to events@reidsvillechamber.org)

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 Staff Appreciation Celebration
- Hosting a Lunch & Learn
- Hosting an After Hours
- Annual Awards Luncheon
- Annual Golf 'FORE' Reidsville Tournament
- Annual Reidsville Business Showcase
- Annual Breakfast with Santa
- Hosting a Coffee
- Other (Please Specify): _____

I am interested in these Sponsorship/Media Opportunities:

- Enhanced Listing
- First Benefits Workers Comp. Insurance
- Reidsville Business Showcase Sponsorship
- Staff Appreciation Celebration Sponsorship
- Other (Please Specify) : _____
- Chamber Champions Sponsorship Program
- Golf 'FORE' Reidsville Sponsorship
- Annual Awards Sponsorship
- Banner Advertisement

Why are you joining the Reidsville Chamber of Commerce?

- Professional Development
- Seminars and Networking
- Referral Services
- Other (Please Specify): _____
- Programs and Events
- Promotional Opportunities
- Community Support

Representative Information

Primary Representative: _____ Title: _____ Phone: _____ Email: _____

Billing Representative: _____ Title: _____ Phone: _____ Email: _____

Other Representative: _____ Title: _____ Phone: _____ Email: _____

Would you like to receive Chamber updates via text messaging? (If yes provide cell phone number below): _____

