



## 2020 Membership Application

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business: \_\_\_\_\_

Is your business a chamber member?    YES    NO

Shirt size: \_\_\_\_\_

Payment Information:

\_\_\_\_ Payment included

\_\_\_\_ Please invoice me for membership

\_\_\_\_ Please invoice my company for membership

\$25 Chamber member \_\_\_\_\_    \$35 Non Chamber \_\_\_\_\_