



**MEMBERSHIP REGISTRATION FORM**

**SERVING 13 COMMUNITIES IN TWO COUNTIES**

Business Membership Name: \_\_\_\_\_  
Category Listing(s): \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_  
Business Main Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ **Chamber Cash Program: Yes / No**

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_  
Instagram: \_\_\_\_\_ Other: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Contacts:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please note the main contact will be listed as the person for the Landing Page information)

**How would you like to receive your invoices? Mail / Email / Fax**

**Billing Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
(If different from address above)

Date Joined: \_\_\_\_\_ Tier Investment: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
Discount: (-\$ \_\_\_\_\_ )  
Sub Total: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This is a verbal agreement between both parties and does not have to be signed to be binding. No refunds.

The Mini-Cassia Chamber of Commerce reserves the right to cancel or interrupt any special events or programs due to weather or unforeseen circumstances. Chamber membership programs, dues and benefits are subject to change under the direction of the Mini-Cassia Chamber Board of Directors

**OFFICE USE ONLY**      **Payment Type:**    **Credit/Debit**    **Cash**    **Check**    **Chamber Cash**  
**Paid:** \_\_\_\_\_    **Chamber Nation:** \_\_\_\_\_    **Constant Contact:** \_\_\_\_\_    **QB:** \_\_\_\_\_    **Excel Spread Doc:** \_\_\_\_\_