



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:** _____