



MEMBERSHIP APPLICATION

NAME OF BUSINESS: _____

OWNER NAME: _____

PHYSICAL ADDRESS: _____
911 address

CITY, STATE, ZIP _____

MAILING ADDRESS: _____
P O Box/Street

VOTING DELEGATE: _____
Only one voting delegate per business/ one vote only per business

MAILING ADDRESS FOR VOTING DELEGATE: _____

CITY, STATE, ZIP : _____

PHONE NUMBERS: _____ FAX: _____

EMAIL ADDRESS: _____

Categories (*Circle choices*) Accommodations—Dining—Shopping—Services—Entertainment

With this signature, I am designating the above person as the sole-voting representative of the above mention business. I am remitting my company check or cash of \$100.00 as my dues for membership in THE GREATER HELEN AREA CHAMBER OF COMMERCE for the 2024-2025 year. (August 1, 2024 - July 31, 2025).

Please note: If paying by credit card, a 3.95% fee will be assessed to the payment.

M C /Visa # _____ Exp Date _____ 3digit Code _____

SIGNATURE OF BUSINESS OWNER or MANAGER

Print Name: _____

Date: _____

WEBSITE INFORMATION:

The following information is what will be posted on the Chamber's web site. Please print very clearly as one missed letter on your email or web site name will keep people from finding you on the Internet. Fill in only what you wish to appear on the web site.

Web site information: ***Print Clearly***

Name of Business: _____

Physical Address: _____
"911 Address" _____

City, State, Zip: _____

Category under which you wish to be listed: *(circle as many that apply)*
Accommodations, Shopping, Services, Dining, Entertainment

Phone number: □□□-□□□-□□□□ ext. □□□□

Fax number: □□□-□□□-□□□□

Toll Free Number □□□-□□□-□□□□

Email Address: ***print clearly***

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