



MEMBERSHIP APPLICATION

NAME OF BUSINESS: _____

OWNER NAME: _____

PHYSICAL ADDRESS: _____
911 address

CITY, STATE, ZIP _____

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

MAILING ADDRESS: _____
P O Box/Street

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 2023-2024 year. (August 1, 2023 - July 31, 2024).

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: _____

