

Membership Application

Business Name _____

Representative _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Fax _____ Web site _____

Business Description

Business Classification

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Services | <input type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Insurance/Real Estate | |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Construction | <input type="checkbox"/> Publishers/Printers/Media | |
| <input type="checkbox"/> Utilities/Transportation | | <input type="checkbox"/> Diversified | |
| <input type="checkbox"/> Non-Profit Organization | | | |

Chamber Membership Investment:

_____ Full-time employees plus _____ Part-time employees = \$ _____ annually

Please return application with your check made payable to The Chamber of Commerce in the amount shown above. Return to: P.O. Box 180, Johnson City, TN 37605