



RAMSEUR/EASTERN
RANDOLPH AREA
CHAMBER OF COMMERCE

Membership Application

Business / Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Number: _____

Fax: _____ Email: _____

Website Address: _____ Facebook Account: _____

Business / Organization Description: _____

Reason for joining the Chamber: _____

Recommended/Recruited by: _____

- | | | | |
|---|-----------------|---|----------------|
| <input type="checkbox"/> <i>Small Business (1-15 employees)</i> | <i>\$125.00</i> | <input type="checkbox"/> <i>Non-Profit Organization</i> | <i>\$75.00</i> |
| <input type="checkbox"/> <i>Corporate (15+ employees)</i> | <i>\$250.00</i> | <input type="checkbox"/> <i>Individual</i> | <i>\$50.00</i> |

Signature: _____ Date: _____

FOR THE OFFICE ONLY: Payment recorded: _____ Initials: _____