

Eastern Shore of Virginia Chamber of Commerce

MEMBERSHIP APPLICATION

I request consideration of the following business, organization or individual for membership in the Eastern Shore Chamber of Commerce:

Business Name: _____

Representative: _____

Mailing Address: _____

Physical Address: _____

E-Mail Address: _____

Web Site: _____

Phone: _____

Fax: _____

Type of Business: _____

Business Categories: _____

(1 free; \$10 each additional listing)

Number of Employees: _____ **FT;** _____ **PT**

Annual Investment _____

(see Investment Schedule for Dues Rates)

How long have you been a part of the Eastern Shore business community? _____

What is your primary reason for joining the Chamber of Commerce?

What type of program(s) would you like to see the Chamber of Commerce offer?

In support of the Eastern Shore of Virginia Chamber of Commerce, I join other local businesses and individuals in working to improve the overall business climate of the Eastern Shore. If approved for membership in this organization, I agree to pay an annual investment as specified in the organization's dues schedule. Such dues shall continue from year to year until cancelled by written notice while in good standing. Such dues are payable in advance.

Signed: _____

(date)

Title: _____



The Eastern Shore of Virginia Chamber of Commerce

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