



## Application for membership

Date: \_\_\_\_\_

Business name: \_\_\_\_\_

In operation since: \_\_\_\_\_

Please circle one:

Mr. Ms. Mrs. Contact name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web site address: \_\_\_\_\_

Business Categories: \_\_\_\_\_

(view the online member directory to see available business categories. You receive one category listing with your basic membership investment. Should you choose to have your business listed under multiple categories, please include \$10 for each additional category after the first one.)

Billing classification : \_\_\_\_\_

(see Membership Investment Schedule e.g. 1-5 employees)

Number of full-time employees: \_\_\_\_\_ Part-time \_\_\_\_\_

In support of the Eastern Shore of Virginia Chamber of Commerce and its community development program the undersigned, joining other local businesspeople, hereby subscribes to membership in the Eastern Shore of Virginia Chamber of Commerce and agrees to pay an annual investment as specified in the organization's dues schedule for the undersigned's billing code. (See Membership Investment Schedule.) It is agreed such dues shall continue from year to year until canceled by written notice while in good standing, that dues are payable in advance.

Signed Title \_\_\_\_\_

*Please make checks payable to: The Eastern Shore of Virginia Chamber of Commerce, P.O. Box 460, Melfa, VA 23410 or stop by our office: 19056 Parkway, Melfa. If you wish*