

Mount Vernon-Knox County Chamber of Commerce Membership Application



Business/Company Name _____

Address (if more than one location/branch, please list all contact information on a separate sheet)

_____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

(if different than above)

Phone _____ Toll-Free _____ Fax _____

Web site _____

Name of Owner/CEO/President/Manager (Circle one or write in title) _____

Email _____

Type of Business or Category: This is your "yellow pages" category. Example: **Restaurants**

Category: _____

Please give us a brief description of your business (limited to 250 characters, including spaces):

What do you consider to be the anniversary date of your business? _____

Number of full-time employees: _____ Number of part-time employees: _____

Our newsletter and Chamber updates are sent via e-mail. We encourage you to include all key members of your staff to receive information. Please tell us their names and e-mail addresses. Use an additional sheet if necessary.

Name	E-mail address
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_____	_____
_____	_____
_____	_____

To receive a quote on Workers' Comp Group Rating Plan, list BWC policy number: _____

To receive a quote on Health Insurance Group Plan, list contact name: _____

How did you hear about the Chamber?

Chamber Member Referral: Member's company name _____

Contacted by Chamber Staff _____ Web site _____ Advertisement _____ Other _____

Membership dues are prorated for year. Renewal is January. Contact Chamber for dues calculation. Amt: \$ _____

Please Invoice Me _____ VISA/MasterCard # _____ exp. _____

Questions: Call the Chamber office at 740-393-1111. Fax: 740-393-1590

For office use only: Investment \$ _____ Received _____ Renewal month _____ Database _____ OB _____ Plaque _____ Invoice # _____