

MEMBERSHIP APPLICATION
[PLEASE PRINT OR TYPE INFORMATION]

TODAY'S DATE: _____

FIRM: _____

FIRM'S REPRESENTATIVE NAME & TITLE: _____

MAILING ADDRESS: _____

BUSINESS LOCATION (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ FAX: (____) _____

TYPE OF BUSINESS: _____

OF EMPLOYEES: _____ E-mail: _____

ARE YOU A PREVIOUS MEMBER OF THE COLONY CHAMBER OF COMMERCE?

_____ YES _____ NO

ARE YOU WILLING TO VOLUNTEER FOR SPECIAL EVENTS?

_____ YES _____ NO AREA OF INTEREST _____

YOUR MEMBERSHIP YEAR BEGINS FROM THE DATE OF FIRST INVESTMENT. AFTER TOTAL INVESTMENT IS PAID YOU WILL BE CONTACTED BY A MEMBER OF THE AMBASSADOR CLUB TO SET UP YOUR RIBBON CUTTING. YOUR PLAQUE WILL BE PRESENTED TO YOU AT THAT TIME. THE MEMBERSHIP DIRECTOR WILL BE CONTACTING YOU TO MAKE SURE YOU ARE USING YOUR MEMBERSHIP TO ITS FULLEST. A RENEWAL STATEMENT FOR YOUR INVESTMENT AMOUNT WILL BE SENT ONE MONTH BEFORE YOUR ANNIVERSARY.

I AGREE TO PAY THE SUM OF \$ _____ [SEE ATTACHEMENT]. IF ELECTED TO MEMBERSHIP, I AGREE TO ABIDE BY THE BY-LAWS OF THE ORGANIZATION.

APPLICANT'S SIGNATURE: _____

SPONSOR: _____

THANK YOU FOR YOUR INVESTMENT AND PARTICIPATION!!