



Sylacauga Chamber of Commerce

Membership Application

(Please print or type)

Application

Business Name _____

Date Business Established _____ Number of Employees _____ FullTime _____ PartTime _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Billing Contact _____

City _____ State _____ Zip _____

Business Phone () _____ 2nd Phone () _____

Toll Free Phone () _____ Fax () _____

E-mail _____ Website www. _____

Main Contact _____ Title _____

Business Category _____

Referred by: _____

How would you like the chamber to contact you about issues and announcements?

Email _____ Fax _____ Mail _____ Fax anytime _____ Fax Daytime only _____
E-invoice _____ Postal _____

_____ Yes! I would like to link my website for a one time fee of \$25.00

Website address: _____

Individual Authorizing the line: _____

The Sylacauga Chamber of Commerce reserves the right to refuse any application

An annual membership investment will be paid annually to join with other area businesses and individuals to keep Sylacauga progressive and to help make our community a better place to live and do business.

Please provide a brief description (75 words or less) of your business. You may use the space below or type on a separate page. You may include any personal or professional background information you feel would benefit your business.

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Membership Investment	\$	_____
One-time Application Fee		+ 25.00
Web Link (optional)		+ 25.00
Other		+ _____

Total \$ _____ Date: _____

Method of Payment: Cash _____ Check _____

For office use only

_____ Internet _____ Newsletter _____ Ribbon Cutting Date _____ Chamber Chat
 _____ Membership Directory _____ Radio _____ Advertising _____ Plaque
 _____ E-Invoice _____ Staff Approval _____
 Committee Involvement _____