



MEMBERSHIP APPLICATION

Referred by From the business of

Business Name Applying

Street City State Zip

Preferred Mailing Address

Street City State Zip

Business Phone number Fax number

Business Website

Business Email Address

No. of Full Time Employees No. of Part Time Employees

Main Contact Name/Title

Email Address

*LIST ADDITIONAL CONTACTS AND WRITE YOUR BUSINESS DESCRIPTION (200 CHARACTER LIMIT) ON THE BACK OF THIS FORM, OR BY SUBMITTING A SEPARATE DOCUMENT WITH YOUR COMPLETED APPLICATION.

(Sign and date below to verify membership request)

Signature Date

By submitting this membership application I am agreeing to provide quality services and/or products at the price I have quoted and my business will honor the ethical standards of the Bullhead Area Chamber of Commerce.

Method of Payment (Please Check-mark) Cash Check Credit Card

Credit Card No. Sec. Code Expiration Date

Signature Date

FOR OFFICE USE ONLY

Chamber Master Ambassador Sheet Letter Federation Email

Membership Fee App Fee TOTAL Date Paid Member ID#