



RAMSEUR/EASTERN  
RANDOLPH AREA  
CHAMBER OF COMMERCE

# Membership Application

Business / Organization Name:

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Contact Name:

Title:

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Address:

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City:

State:

Zip:

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Telephone:

Cell Number:

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Fax:

Email:

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Website Address:

Facebook Account:

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Business / Organization Description:

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Reason for joining the Chamber:

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Recommended/Recruited by:

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- |   |                 |   |                |
|---|-----------------|---|----------------|
| <input type="checkbox"/> <i>Corporate (15+ employees)</i> | <i>\$250.00</i> | <input type="checkbox"/> <i>Non-Profit Organization</i> | <i>\$75.00</i> |
| <input type="checkbox"/> <i>Business (1-15 employees)</i> | <i>\$125.00</i> | <input type="checkbox"/> <i>Individual</i>              | <i>\$50.00</i> |

Signature:

Date:

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FOR THE OFFICE ONLY: Payment recorded:

Initials:

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