



## MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Major Services/Products Offered: \_\_\_\_\_

**Category:** Please indicate which category best describes your business. For ideas, please visit [www.westmemphischamber.com](http://www.westmemphischamber.com)

Hospitality                       Industry & Trade                       Professional  
 Retail                                       Service                                       Other( \_\_\_\_\_ )  
 Professional

**Please list your Goals with the Chamber:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dues:**             \$200 Business Membership  
                      \$150 Non-Profit/ Home-based business  
                      \$75 Individual Membership  
                      \$50 Associate Membership \*\*  
                     \*\* voting is not included with certain membership levels.

**Please remit payment to: *West Memphis Chamber of Commerce***  
***P.O. Box 594, West Memphis, AR 72303***  
***\*\*we accept visa, mastercard and American express\*\****

**Membership Statement:** I, the undersigned applicant, agree to abide by the bylaws, regulations and policies of the West Memphis Chamber of Commerce and to support the purpose of the Chamber which is to promote local business and create an environment that is favorable for business growth and which will enable West Memphis to achieve its highest potential as a business community. Payment for my annual membership to the West Memphis Chamber of Commerce accompanies this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_