

APPLICATION FOR MEMBERSHIP

Business Name: _____ Date: _____

Contact Person: _____

Title: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Fax Number: _____

Contact Cell Number: _____

Email Address: _____

Website Address: _____

Number of Employees: _____ Annual Dues: \$ _____

Service/Product: _____

Description of your Business for the WRCC Website: _____

Category to List your Business (check all that apply)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Housing | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Education | <input type="checkbox"/> Individual | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Media | <input type="checkbox"/> Service |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Medical | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Food | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Other | <input type="checkbox"/> Accounting |

Complete the form and mail to:
Western Rockingham Chamber of Commerce
112 W. Murphy St., Madison, NC 27025