

Wellsville Area Chamber of Commerce Inc.

MEMBERSHIP APPLICATION

Please complete all areas of the form to ensure we have all the information we need to meet your membership needs. The more we know you, the more we can help you!

Please make sure you are receiving our emails. If not, check your other folders or let us know.
If you have more than one business, contact us for discount information.

BUSINESS INFO:

Business Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Website: _____ Facebook/Social Media: _____

Type of Business: _____

CONTACT INFO:

Primary Contact Name: _____ Role/Title: _____

Phone: _____ Email: _____

Additional Contacts:

Name: _____ Email: _____

Name: _____ Email: _____

MEMBERSHIP LEVEL:

Friend/Not for Profit Basic Support Champion Corporate

GIFT CERTIFICATE / CHAMBER DOLLARS PROGRAM:

If you are at the Basic level or above, would you like to participate? Yes _____ No _____

Signature Authorized Representative

Title

Date

OFFICE USE: Payment Received ___/___/___ Check# ___ Cash ___ Credit Card ___