2022 Membership Application

Business Name: _____

Business Address: _____

Mailing Address: _____

Business/Primary Phone: _____ Fax: _____

Email: _____ Website: _____

Facebook/LinkedIn: _____ Number of Employees: _____

Categorical Directory: (Please circle one)

Arts & Culture	Church	Dinning	Individual	Non-Profit	Farming
Education	Shopping	Services	Business	Industry	Civic

Brief Business Description: _____

_____

Acknowledgement: The undersigned hereby applies for membership in the Screven County Chamber. A check in the amount of $ _____ is enclosed for payment of the 2022 yearly dues. I understand my membership will be renewed annually in the month of January unless I cancel my membership, in advance, in writing. Dues are non-refundable.

Signature: _____ Date: _____

List the business representatives (use additional page if necessary):

Name **Title** **Email**

1. Main Rep: _____

2. Billing Rep: _____

3. Additional Rep: _____