

Membership Application

Personal Information (for internal use only)

Name:				
Address:		City:	State:	Zip:
Phone:	Cell:	Email:		
Business Inform	nation (will be used for webs	site and business promotion	on)	
Business Catego	ry:			
Business Name:				
Representative I	Name:			
EIN/Tax ID Numl	per (internal use only):			
Address:		City:	State:	Zip:
Phone:	Fax:	Email:		
Website(s):				
Is This Business \	Your Primary Source of Incor	me? Yes No		
Number of Empl	oyees: Yea	ars in Business:		
Brief description	of your business and the se	rvices you provide:		
·				



Membership

Membership is available to businesses, organizations or individuals in and around the Spring Grove, PA area. How did you learn about Spring Grove Area Chamber of Commerce? ☐ Internet ☐ Facebook ☐ Current member (name) □ Other_____ Commitment • I understand that SG Area Chamber of Commerce has annual membership dues of \$120 ☐ Yes ☐ No • I am willing to join a committee of SG Area Chamber of Commerce. ☐ Yes ☐ No • I am willing to network with and support other members of SG Area Chamber of Commerce. ☐ Yes ☐ No • I am willing to invite guests to attend and possibly join SG Area Chamber of Commerce. ☐ Yes ☐ No Information provided will be used in processing your membership in the Spring Grove Area Chamber of Commerce. Applicant Signature: _____ Date: _____ If you prefer to mail your application, please forward the form to: Spring Grove Area Chamber of Commerce 1 Campus Avenue Spring Grove, PA 17362 You can also email your completed application to: info@springgrovechamber.com

Membership Accepted: ☐ Yes ☐ No

Date Application Reviewed: