



MEMBERSHIP APPLICATION

Business/Organization _____

Main Contact Person _____ Title _____

Mailing Address _____ City, State, Zip _____

Physical Address (if different) _____ City, State, Zip _____

Phone _____ Fax _____ Toll Free _____

Email _____ Web Site _____

Preferred Method of Communication Email Mail Phone Fax

Billing Contact (if different) _____ Title _____

Mailing Address _____ City, State, Zip _____

Phone _____ Fax _____ Email _____

(Additional representatives will receive Chamber information based on dues structure.)

2nd Contact _____ Title _____ Email _____

3rd Contact _____ Title _____ Email _____

Membership Classification _____ (Select from Levels of Membership)

Number of Full-Time Employees _____ Annual Investment \$ _____ (Select from Levels of Membership)

Brief Description of Your Business/Organization _____

Reason(s) for joining the Chamber (check all that apply)

- Networking Seminars/Workshops Advocacy Marketing Referrals Discount Programs
 Workforce/education initiatives Community and economic growth Other _____

To the Board of Directors: I am applying for membership in the Danville Pittsylvania County Chamber of Commerce. I understand that this membership will be renewed annually unless I provide written notice prior to the renewal date. I understand that by providing my business' contact information, I am providing authorization for the employees listed on this application to receive communications sent by, or on behalf of, the Danville Pittsylvania County Chamber of Commerce (and its subsidiaries and/or affiliates, via U.S. mail, Email, telephone, or fax until the Chamber is otherwise notified by the individuals.

Signature of Applicant _____ Date _____
Referred by _____ Date _____

(Upon receipt of payment, your application will be presented to the Board of Directors for approval at the next regularly scheduled meeting.)

MasterCard VISA For credit card payment, call the Chamber office at 434.836.6990 (MasterCard or Visa)

Please submit Application and Payment to:



Membership
P.O. Box 99
Blairs, VA 24527