



Membership Application

102 Stewart Parkway
(252) 946-9168

Mailing Address: PO Box 665 Washington, NC 27889 (252) 946-9169 (fax)

Company Name: _____ No. of Employees: _____

Primary Representative: _____ Title: _____

Physical Address: _____ On website unless marked as private

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Key Words to Describe your products & Services: _____

Sponsor: _____ Date Joined: _____

Please give us a few sentences about your company so we better understand what you do: _____

The applicant accepts this invitation to join the Washington/Beaufort County Chamber of Commerce. This membership automatically renews itself unless written notice of resignation is received.

Signature: _____ Date: _____

- For Office Use Only
- Letter w/Decal Membership Card
 - New Member Master List Email List Newsletter Mailing List
 - New Member Print Newsletter
 - New Member Chamber @ Work
 - Board Approval
 - Email Blast List
 - Website/Hot Link
 - Follow up call/email

Please Refer to Investment Schedule on Reverse

Amount Received

\$ _____

Date Received

Annual Payment

Check # _____

Visa/MasterCard

Cash

Semi-Annual Payment

Check # _____

Cash

Quarterly Payment

Check # _____

Cash