



# United Regional Chamber of Commerce

## Membership Application

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Membership Level (\$): \_\_\_\_\_ Method of Payment (cash/check/credit card?): \_\_\_\_\_

Note: If by credit card, provide billing email address. Invoice will be sent via PayPal email.

Email address \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

Referred By: \_\_\_\_\_