

***Appomattox County Chamber of Commerce***  
***Membership Application***

Today's Date: \_\_\_\_\_

Membership Category: \_\_\_\_\_

(Categories: individual, non-profit, contractors/construction, financial institutions, general business, lodging, manufacturing/industrial, medical professionals, non-medical professionals)

Membership Dues Rate: \$ \_\_\_\_\_ (\*based on membership category)

Business Type: \_\_\_\_\_ # of Emp. \_\_\_\_\_

(Business Types: auto dealer, auto repair, media, motel, restaurant, retail store, etc.)

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

(Either Individual or Business name)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Location: \_\_\_\_\_

\_\_\_\_\_

(Please provide new E-911 address.)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name & Title of Authorized Contact Person: \_\_\_\_\_

\_\_\_\_\_

Web Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*your email address will only be used by the Chamber for membership purposes

Thank you for joining as a member – we value your membership!!!

\_\_\_ Please bill me

\_\_\_ Payment Enclosed

(\*if joining mid-term, please prorate your membership dues or call the Chamber Office for amount due)

Please print this Application Form and mail to: Appomattox County Chamber of Commerce, P.O. Box 704, Appomattox, VA 24522. (434-352-2621)