

Tappahannock – Essex Chamber of Commerce

P.O. Box 481 _ Tappahannock, VA 22560

Phone (804) 443-5241 _ Fax (804) 443-4157

APPLICATION FOR MEMBERSHIP

FIRM OR INDIVIDUAL: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

TYPE OF BUSINESS: _____

WEBSITE ADDRESS: _____

Would you like to have a link to your website from the Chambers website? Yes___ (or) No ___

OF FULL TIME EMPLOYEES: _____ # OF PART TIME EMPLOYEES: _____

I, the undersigned, do hereby give my permission to the Tappahannock – Essex Chamber of Commerce to publish my contact information in the various chamber guides and on the Chamber Website.

In support of the Tappahannock – Essex Chamber of Commerce and its community development programs, the undersigned, joining with other area businesses, clubs and individuals, hereby subscribes to membership and agrees to pay annual dues as specified for the undersigned membership. It is agreed that this membership is to continue in good standing from year to year until cancelled by written notification.

APPLICANT’S SIGNATURE: _____

SPONSORED BY OR ENROLLED BY: _____

AMOUNT PAID: \$ _____ DATE: _____