

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Title: _____

Company: _____

Business Address: _____

Email Address: _____

Phone Number(s): _____

How Did You Hear About Us?

Website / Email: Events: Newspaper: Direct Mail: Facebook:

Referral: _____

Birthdate: _____

Favorite Activity in the Washington County Region?

**INVESTMENT: \$30 ONE-TIME MEMBERSHIP FOR CHAMBER MEMBERS
\$50 YEARLY MEMBERSHIP FOR NON-CHAMBER MEMBERS**

Payment Method: Check Visa MasterCard AMEX Cash

Name As It Appears on Card (Please Print)

Signature

Card Number

Expiration Date

Security Code

Billing Address

City

State

Zip