



St. John Valley Chamber of Commerce

New Membership Application 2019

◆ **General Information:** *All sections must be completed*

Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

of local employees: Full time _____ Part time _____

What year did you form? _____

Company E-mail for inquiries from the public

Website: _____

Facebook.com/ _____

Employee to be listed in our Membership Directory and website

Main Contact: _____

Title: _____

Business/Organization Category:

Primary: _____

Billing Contact if different: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

What are the three most important things that the Chamber can do for

you? _____

Contact Names: Titles & E-mail for newsletter mailings event info & updates on Chamber programs

1) _____

2) _____

Contact E-Mail address to be used only by the Chamber to contact your business

Days & Hours of Service: _____

Business Description: 25 words or less to be printed in our Membership Directory and on our website.

Remember: Send your events, ribbon cuttings, anniversaries or any promotions to Jenn so she can let everyone know. She will send an email blast out to all members and share on our Facebook page.