



## Membership Application

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

Contact Name & Title \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Website \_\_\_\_\_

Description of business \_\_\_\_\_

Number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

May we contact you by E-mail?  Yes  No      Fax?  Yes  No

E-mail address \_\_\_\_\_

Fax number \_\_\_\_\_

Referred by: \_\_\_\_\_

**Please Charge my Visa or MasterCard:**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACH/ Bank Draft**

Please download ACH Authorization from website and mail in.

**Check Enclosed Payable to:**

Shelby County Chamber of Commerce

PO Box 335

Shelbyville, KY 40066

For Office Use	
Date received:	
Annual membership investment:	
QB    EM    WB    POG	