

APPLICATION FOR MEMBERSHIP
GREATER MUHLENBERG CHAMBER OF COMMERCE

Business _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Billing Address (if different from above)

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Website (this will be included on the chamber website with a direct link to your website) _____

Email Address/es _____

(Please place additional representatives' email addresses on the back of this sheet

Business Classification (as shown/or would be shown in the yellow pages)

Number of Employees _____

Principal Representative(s) _____

Dues for the current year: _____

Please print and return this sheet, along with your check payable to:

The Greater Muhlenberg Chamber of Commerce
PO Box 313
Greenville, KY 42345