



Year: _____

| MEMBERSHIP APPLICATION | | |
|---|----------|-----------------------|
| Membership Annual Rate: \$50.00 | | |
| APPLICANT INFORMATION | | |
| Authorized Individual Name: | | |
| Business Name: | | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Email: | Website: | How long in Business? |
| EMERGENCY CONTACT | | |
| Name: | | Phone: |
| Address: | | |
| City: | State: | ZIP Code: |
| Relationship: | | |
| REFERRALS | | |
| Name: | Email: | Phone: |
| | | |
| | | |
| ALTERNATE MEMBERSHIP PRIVILEGES IF DESIRED | | |
| Name: | | Position: |
| Name: | | Position: |
| SIGNATURES | | |
| <p>Mission Statement: To promote commercial and business prosperity in Rising Sun and its surrounding communities and to promote growth and development of businesses and professional services, both large and small, with respect to improving both commercial and residential conditions.</p> <p>Monthly Meeting: 3rd Wednesday (September through June) To be announced in Monthly Newsletters</p> <p>Some of the Membership Benefits: Listing on The Rising Sun Chamber of Commerce (Rising-Sun-Chamber.org) website with link to your business website. Networking and advertising opportunities. Social Media Advertising Event Discounts</p> | | |
| Signature of applicant: | | Date: |
| Signature of other: <i>only if for a joint membership</i> : | | Date: |