



Membership Application

FIRM NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: (If Different) _____

TELEPHONE NUMBER: _____ FAX# _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

NUMBER OF EMPLOYEES: _____

OWNER'S NAME: _____

DATE BUSINESS OPENED: _____

ANNUAL INVESTMENT (Using Investment Structure): _____

Dual Membership with Decatur Main Street- additional \$50 Y N

Accept Decatur Dollars Y N

PAYMENT SCHEDULE:

ANNUALLY SEMI-ANNUALLY QUARTERLY

Please describe your business and the products and/or services you offer:

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

CHAMBER REPRESENTATIVE: _____

DATE: _____

This application is subject to approval of the Chamber's Board of Directors as is required in our By-Laws.