

Jasper Chamber of Commerce

Membership Application

Thank you for your interest in becoming a member of the Jasper Chamber of Commerce. Please complete the information below to apply for membership.

Applicant Information

Business/Organization Name: _____

Contact Name: _____

Title/Position: _____

Phone #: _____ **Business #** _____

Email: _____

Business Address: _____

Membership Type (Select One)

☐ Individual/Community Member ☐ Business ☐ Non-Profit/Organization Member

Business/Organization Information (if applicable)

Website: _____

Social Media: _____

Business Description (for directory/promotion)

Agreement

I agree to support the mission of the Jasper Chamber of Commerce and abide by its bylaws and policies.

Signature: _____ **Date:** _____