

Membership Application

The following applicant agrees to membership in the Fort Smith Regional Chamber of Commerce for the following annual investment. It is understood that membership is for a minimum period of one year from date recorded. *Membership is renewed in the quarter of the members' anniversary date and will be invoiced for renewal at the beginning of that quarter.*

Company Name _____ Primary Rep _____

Physical Address _____ Mailing _____

Phone _____ Fax _____ Company E-mail Address _____

Company Web Site _____

Company Facebook Page _____ Company Twitter Name _____

Type of Business _____ Date Business Established _____

Number of Full-time employees _____ Number of Part-time employees _____

Marketing Rep _____ Email _____

Address _____ Phone _____ Fax _____

Accounts Payable Rep _____ Email _____

Address _____ Phone _____ Fax _____

Human Resources Rep _____ Email _____

Address _____ Phone _____ Fax _____

Payment Information

Payment Method: *Cash Check American Express MasterCard Visa Discover Auto-Withdrawal*

Credit Card Number: _____ Name on Card _____

Expiration Date: _____ 3-Digit Security: _____

Membership Amount: _____ Total: _____