



Membership Application

Welcome to the Chamber!

Please tell us about your business. The contact information you provide on your application will appear in the Annual Membership Directory and other Chamber publications as well as on the Chamber website www.spencercountykychamber.com. In addition, this information will ensure that we maintain quality communications between you and your organization.

BUSINESS CONTACT INFORMATION

Business Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website address _____

E-mail address _____

BUSINESS OWNERSHIP INFORMATION

The more we know about your business, the better we will be able to serve you with programs and services you need.

Year your business was founded _____

Industry _____

Business Description _____

No. Full-time _____ + No. Part-time _____ = Total number of employees _____
(Two part-time employees equal one full-time employee.)

Membership Investment: 1-5 employees \$60 6-10 employees \$85 11 or more \$110

Tradition Meets Innovation.