

**MEMBER
APPLICATION**

Start Receiving Your Benefits Now by Completing This Form Today!

ST. GEORGE AREA CHAMBER OF COMMERCE

97 East St. George Blvd., St. George, Utah 84770

Phone: 435-628-1650 Fax: 435-673-1587

Web site: stgeorgechamber.com

Business Name _____

Location Address _____

City _____ State _____ Zip _____

Contact _____ Owner/Manager _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ May we publish this? Yes _____ No _____

Website _____

Would you like to receive our weekly luncheon fax? Yes _____ No _____

Would you like to receive our Chamber online newsletter via email? Yes _____ No _____

Authorization signature to receive email newsletter and/or weekly fax

Business founded by _____ Date founded _____

Number of Employees _____ Full Time _____ Part Time _____

Completion of this application constitutes an agreement by the Applicant to abide by the articles and by-laws of the St. George Area Chamber of Commerce.

Authorized Signature / Title

Please complete business description on back of this application; this information will be used in your introduction at a luncheon, *The Spectrum* ad and in the Featured Business section of our Chamber online newsletter. (Over)

**MEMBER
APPLICATION**

Start Receiving Your Benefits Now by Completing This Form Today!

SOME QUESTIONS TO ASK YOURSELF: (100 words or less)

*What distinguishes us from our competition? What are our products and services?
What are some outstanding characteristics about our business?*

Days and hours of operation _____

Description of services _____

Please PRINT your company name as you would like it to appear on your Chamber plaque and the business directory:

Business Classification (for our business directory) 1. _____
List 2 in order of preference (i.e. yellow page heading) 2. _____

ANNUAL INVESTMENT (+ NEW MEMBER FEE) \$

*This investment is payable in advance and is continuous unless cancelled in advance of anniversary due date.
Investments are tax deductible on Federal tax returns as a business expense.*

Check # _____

Visa / MC / American Express # _____ Exp. Date _____

Authorized Signature / Title _____ Date _____