



SPONSORED BY: _____

MEMBER INFORMATION:

Date: _____

Business Name _____ Year Established _____

Business Location Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Owner, President _____, _____

Contact name & title of person to be listed in Membership Directory _____

Mailing Address (if different than above) _____

Billing Address (if different than above) _____

Web site address: **www:** _____ E-mail address: _____

CATEGORY LISTING

Main Category Listing _____

Please view the **Crossroads Regional Chamber of Commerce** website at www.crossroadschamber.org for a complete listing of what is available and choose the listing that best fits your business. This category listing will also be used in the Chamber Membership printed directory.

Gold members receive 2 additional listings _____

No additional cost as included in Gold Member investment

CORRESPONDENCE AND ADDITIONAL COMPANY REPRESENTATIVES

Please indicate below the preferred method you wish to receive information from the Crossroads Regional Chamber of Commerce:

- Email— Selecting e-mail will ensure timely delivery of information and upcoming events. Please set your security settings to receive attachments and add geninq@crossroadschamber.org to your address book.
- Mail to the address listed above

Please list additional representatives below. Your annual dues investment is based on the amount of representatives. (Please see page 2 for the investment schedule)

Name and Title	Mailing Address & Phone Number (only if different from above)	Email address (if this is the preferred delivery option)

BUSINESS DESCRIPTION

Please provide a brief description or bullet points of your business and/or services, including hours of operation
40 word max: _____
