



# MEMBERSHIP APPLICATION

ANDERSON COUNTY CHAMBER OF COMMERCE

Business Name	
Business Phone	
Website	www._____
Social Networks	Check to link: Facebook ___ Twitter ___ Instagram ___ LinkedIn ___
Physical Address	
Mailing Address	
Membership Directory Categories (2)	Primary : _____ 2 <sup>nd</sup> : _____
Business Keywords	
Employees	Full-Time employees _____ Part-Time employees _____
Primary Contact Title. Email. Phone	
Billing Contact Title. Email. Phone	
Additional Contact(s) Title. Email. Phone	
Join Reason	Community Involvement ___ Networking ___ Visibility ___
Check all that apply	Minority Owned ___ Woman Owned ___ Veteran Owned ___

Business Description: (200 char max) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION  
FEE      \$25.00

MEMBERSHIP CATEGORY LEVEL	\$ _____ See Chamber Dues Investment Structure
TOTAL INVESTMETNT	\$ _____

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AUTHORIZED SIGNATURE

DATE

Anderson County Chamber of Commerce  
245 N. Main Street, Suite 200, Clinton, TN 37716  
865-457-2559  
[www.andersoncountychamber.org](http://www.andersoncountychamber.org)

THANK YOU