



401 Circle Drive; Garner, NC 27529

919.772.6440

www.garnerchamber.com

Membership Application

Date: _____

Business Name: _____ (as you would like it to appear in the Directory and on the Website)			
Business Address		Mailing Address (if different)	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Phone: ()	Fax: ()	Website:	
Category			
Choose from the categories list. One category is included with your membership. Additional categories are available at \$50 each.	1. _____		
	2. _____		
			3. _____
Number of Employees		From Investment Schedule	
Full-time:	Part-time:	Schedule No.	Investment Amount
			\$
		Additional Categories	Total
		\$	\$
Primary Contact			
Name:		Title:	E-mail:
You may add additional contacts from your company.			
Name:		Name:	Name:
E-mail:		E-mail:	E-mail:
Name:		Name:	Name:
E-mail:		E-mail:	E-mail:

Payment Method: Check Cash Credit Card

Charge to		Credit Card Number		Expiration Date	3 Digit Code (back of card)
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover					
Credit Card Billing Address		Name on Credit Card		Signature	