

GREATER BUCKSMONT CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone(w) _____ Cell _____ Fax _____

E-Mail _____ Web _____

Type of Business – Brief 2 line Description

Principal Representative _____ Title _____

Recommended by: _____ Signature _____

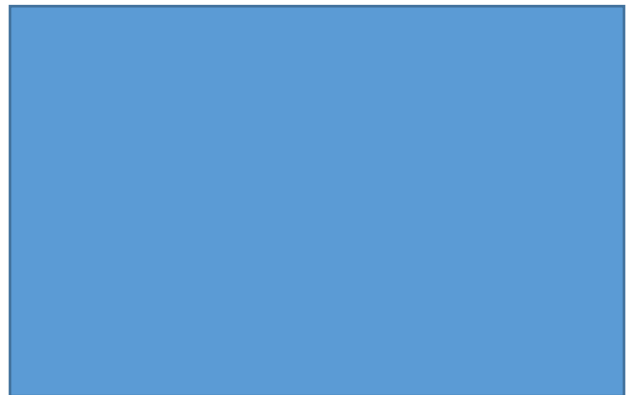
(Attach *business card* here)

One-time application fee: \$ 40.00

Annual Membership Dues: \$ 125.00

Non-Profit: \$ 100.00

(Proof of non-profit status required)



False information on application can result in termination of chamber membership

Mail Application to:
Greater BucksMont Chamber of Commerce
P.O. Box 3014, Warminster, PA 18974
Phone: 215-672-6633
www.BucksMontChamber.com