

MEMBERSHIP APPLICATION
Mon Valley Regional Chamber of Commerce

Name of Business _____
(this is how your business will appear in our publications)

Type of Business _____
Please name up to three primary products/services you offer below. This will be used to build our reference directory.

1. _____ 2. _____ 3. _____

Contact Person _____ Title _____

Owner/President (if different than above) _____

Address _____

Phone _____ Fax _____ E-Mail _____ Web Site _____

Number of full-time employees _____ Part-Time _____ Year Established _____

Days & Hours of Operation: _____

Do you have multiple locations: ____ If so, please list:

Member in good standing of other local Chamber of Commerce-Name: _____

Category: _____ Total Annual Investment \$ _____

Signature _____ Date _____

Method: Check enclosed for \$ _____. Bill my credit Card \$ _____.

Credit Card: Visa _____ MasterCard _____ Discover _____

Name Listed on Card _____ Card No. _____

Expiration Date: _____ Signature _____

Make Checks Payable To: Mon Valley Regional Chamber of Commerce
One Chamber Plaza, Charleroi, PA 15022

office use only:
Date Entered _____ Initial _____ U.S.C.C. _____ Member I.D. # _____