

Business Membership Application for 2017
Membership Fee: \$50.00 per Representative



Make your check payable to Lunenburg County Chamber of Commerce.

Name of Business _____

Business Mailing and Physical Address:

PO Box _____

Street Address _____

City _____ ST _____ Zip+4 _____

Business Phone _____ Business FAX _____

Business Website _____

Business Facebook Page _____

Number of Representatives _____ (\$50 each) Total Amount Enclosed \$ _____

Please list each representative's name and contact information.

1. _____
Representative's Name Representative's Title

Representative's Phone Representative's Email Address

2. _____
Representative's Name Representative's Title

Representative's Phone Representative's Email Address

3. _____
Representative's Name Representative's Title

Representative's Phone Representative's Email Address