

Membership Application

COMPANY INFORMATION

DATE: ____ / ____ / ____

Company/Member Name: _____

Principal Contact: _____ Title _____

Physical Address:
(used for directory) _____

Mailing Address: (if different) _____

Telephone: () _____ Fax: () _____

E-mail Address: _____

Company Website Address: http://_____

Total employees at this location: _____ Total employees in Graves County: _____

Major Product or Service _____

COMPANY CHARACTERISTICS

(Check if applicable)

- Non-Profit
- Home Based Business
- Minority Owned Business
- Veteran Owned Business
- Women Owned Business
- Start Up Business
- Family Owned Business
- Offices Outside Kentucky
- Offices Outside United States
- Importer
- Exporter

REASON FOR JOINING THE CHAMBER

- Marketing
- Networking/Contacts
- Programs
- Benefits & Savings
- Support/Civic Duty
- Public Policy
- Other _____
- Information/Assistance

TARGET AUDIENCE

- _____
- _____

FOR PAYMENT BY CREDIT CARD ONLY: Mastercard Visa Discover

Card Number: _____ Expiration Date: _____

Signature: _____

Send to: **Mayfield & Graves County Chamber of Commerce**
201 East College Street
Mayfield, KY 42066
Or fax to: 270-247-6110