

Application for Membership

Firm Name: _____

Representative: _____

Title: _____

Would you like to receive Chamber notices? ___ Yes ___ No

Email address: _____

Would you like to be listed in the Membership Directory?

___ Yes ___ No

Representative: _____

Title: _____

Would you like to receive Chamber notices? ___ Yes ___ No

Email address: _____

Would you like to be listed in the Membership Directory?

___ Yes ___ No

Representative: _____

Title: _____

Would you like to receive Chamber notices? ___ Yes ___ No

Email address: _____

Would you like to be listed in the Membership Directory?

___ Yes ___ No

Mailing Address: _____

Location Address: _____

Phone: _____ FAX: _____

Would you like your website to be listed on our website?

No ___ Yes ___: _____

of Employees _____

Annual Membership Dues Investment: \$ _____

New Membership Registration Fee: \$25.00

Total: \$ _____

Authorizing Signature: _____

Date: _____ Check _____ Credit Card _____

MC, Visa, AMX # _____

Name on card: _____

Expiration Date: _____

Return to: Williamson County-Franklin Chamber of Commerce

P O Box 156 * Franklin, TN 37065-0156

615-794-1225 * FAX 615-790-5337 * 1-800-356-3445

Chamber membership is subject to the bylaws, rules & regulations of the
Williamson County-Franklin Chamber of Commerce.