

Clay Area Chamber of Commerce

Membership Application

Company Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Principle/Owner: _____

Representatives: _____

Number of Full Time Employees: _____

Annual Membership: Company: \$75.00 Individuals: \$25.00 (circle one)

Received By: _____

Date: _____

Signature of Applicant: _____

Title: _____

Date: _____

Please fill out entire application including Company information and emails. This will be the information that goes on the website listings and should reflect street address along with phone number and website (if available). Mail the completed application, with a check made out to **Clay Area Chamber of Commerce, to Post Office Box 26, Clay Alabama 35048**. You may also bring it to the next chamber meeting, or fax the application to 205-680-2757. All of the Chamber meeting information is available on the events page of the website at www.clayareachamber.com

Thank You

Clay Area Chamber Welcomes You as a Partner