



Membership Application

BUSINESS INFORMATION

Company Name _____

Address _____

Phone _____ Fax _____

E-mail _____ Website _____

Contact _____ Title _____

Date Est. _____ Number of Employees (FTEs) _____

Business Hours _____

DESCRIPTION OF BUSINESS

WHAT IS IMPORTANT TO YOU?

To assist us in serving you as a Chamber member, please indicate below the benefits / services that are of primary interest to you:

- Networking / Business Contacts
- Advertising / Promotion
- Professional Development (seminars and workshops)
- Other _____

FEES

As an introductory offer to celebrate the grand opening of the Milford Chamber of Commerce, annual membership is being offered for only \$45. Your membership will start following approval of the Board at the next monthly board meeting and expire December 31, 2010. Board meetings will be held the second Thursday of each month. This special offer expires on December 31, 2009.

*Submit application and membership fee to:
Milford Chamber of Commerce, PO Box 452, Milford, IN 46542.*