



Membership Application

(Please complete and return to the membership director)

Company: _____

Your Name: _____

Substitute Member Name: _____
(associate who will attend meetings in your absence)

Business Address: _____

Business Phone _____

Fax: _____

Email Address: _____

- Are you a current Member of the Valley Chamber of Commerce? _____
- How would you describe your position to joining this networking group?
_____ Definite _____ Possible

- What other leads/networking groups do you belong to?

- Describe the business services provided by your company.

Signature _____ Date: _____

*We will likely get back to you within one week.
Thank you for your patience and interest.*

Approved On: _____ **By:** _____