



The Voice of the Business Community

Application for Membership

We/I hereby make application to be admitted as a member of the Amherst & Area Chamber of Commerce and agree to be governed by the bylaws and regulations of the organization.

Name of Contact Person:			
Job Title:			
Business Owner:			
Business Name:			
Business Address:			
Mailing Address:			
Phone:	Fax:	Cell: Cell Posted on Web Site: Yes No	
E-mail:			
Web Site:			Preferred Method of Contact: Phone Mail E-Mail Fax
Facebook	Twitter	Other	
All members are automatically signed up for our Newsletter: Please include E-mail addresses for all people who wish to receive a copy.			
Number of Full Time Employees?		Employees are entitled to all benefits included in the Chamber membership and are welcome at all Chamber events. Employees are welcome to receive our Newsletters. Please provide this office with their Email address.	
Business Category (You may indicate more than one):			

Please provide a description of your business. This information will be posted in our Business Directory. Make sure you include hours of operation, goods and services you provide as well as any other information that you want the general public to know about your business.

