



Membership Application

Personal Information (for internal use only)

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Business Information (will be used for website and business promotion)

Business Category: _____

Business Name: _____

EIN/Tax ID Number (internal use only): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website(s): _____

Is This Business Your Primary Source of Income? Yes No

Number of Employees: _____ Years in Business: _____

Brief description of your business and the services you provide: _____



Membership Type (please check one)

- Voting Member
Voting members must have a business location in the Spring Grove Area School District. Business owners living within the school district may also apply for this membership.
- Affiliate Member
Any individual or organization not engaged in business within the bounds of Spring Grove Area School District who is interested in Spring Grove community affairs may be eligible for affiliate membership.

How did you learn about *Spring Grove Area Chamber of Commerce*?

- Internet Facebook Current member (name) _____
- Other _____

Commitment

- I understand that *SG Area Chamber of Commerce* has annual membership dues of \$120 Yes No
- I understand that *SG Area Chamber of Commerce* has an additional one-time processing fee of \$50 Yes No
- I understand that membership dues and processing fee are non-refundable. Yes No
- I am willing to join a committee of *SG Area Chamber of Commerce*. Yes No
- I am willing to network with and support other members of *SG Area Chamber of Commerce*. Yes No
- I am willing to invite guests to attend and possibly join *SG Area Chamber of Commerce*. Yes No

I understand the information provided will be used in consideration of my membership in *Spring Grove Area Chamber of Commerce*. I agree to abide by all guidelines and policies established by *Spring Grove Area Chamber of Commerce*.

Applicant Signature: _____ Date: _____

Please include a check, in the amount of \$50, made payable to *Spring Grove Area Chamber of Commerce* with this application. This check will be held until your application is accepted, at which point it will be deposited as the one-time processing fee and an invoice for membership dues will be mailed. Unaccepted applicants will have their checks returned to them within 10 business days.

Please mail your application to:
Spring Grove Area Chamber of Commerce
PO Box 186
Spring Grove, PA 17362

Date Application Reviewed: _____ Membership Accepted: Yes No