



MEMBERSHIP PROFILE

COMPANY INFORMATION

Full Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

Billing Address _____ Billing Contact _____

Telephone _____ Fax _____

E-Mail _____ Web Address _____

Primary Contact _____

Total Number of Full Time Employees _____ Number of Part Time Employees _____

Please provide a description of your business/services in 20 words or less:

AREAS OF INTEREST AND INVOLVEMENT:

Sponsorship Opportunities:

Chamber Champions Annual Meetings Annual Golf Tournament

Business Expo Web Advertising Directory Marketing

Program Involvement: Leadership Wilkes Wilkes Vision 20/20 Ambassadors

INVESTMENT INFORMATION: Investment fee: \$ _____

Enclosed Check Credit Card (Visa, MasterCard, American Express)

Credit card number: _____ Expiration: _____

YOUR MEMBERSHIP INVESTMENT AUTOMATICALLY RENEWS EACH YEAR, UNLESS A WRITTEN RESIGNATION IS FORWARDED TO THE CHAMBER OFFICE. CREDIT CARD INFORMATION ON FILE WILL BE USED FOR ANNUAL RENEWALS. PAYMENTS LATER THAN 30 DAYS WILL INCLUDE A 5% LATE FEE

(Payment of membership dues is deductible as a necessary business expense.)

Contact Signature: _____ Date: _____

Please return application with payment to: PO Box 727, North Wilkesboro, NC 28659

Visit our website: <http://www.wilkesnc.org> to join online.