



Application for Membership

Date: _____

Business Name (DBA): _____

In operation Since: _____ / _____ / _____

- My Business is a new member.
- My Business was a member, however it has lapsed

Mailing Address: _____

Physical Address: _____

(if different from mailing address)

Billing Address: _____

(If different from mailing or physical address)

Phone: _____ Fax: _____

Owner/Contact Person: _____

E-Mail Address: _____

Alternate Contact Person: _____

Alternate E-Mail Address: _____

- We would like to receive news, notice of Chamber activities and events, meeting minutes and other information pertinent to Chamber Members. I understand my email address will remain private and shall never be rented, sold or shared, and shall be used only for the purpose as described above.
- Am interested in becoming a board member or volunteering for committees or projects

Web site Address: _____

Directory Classification(s): _____
(directory classification included free with membership, see chamber website for list - www.grangevilleidaho.com)

Please make checks payable to:

The Grangeville Area Chamber of Commerce, P.O. Box 212 Grangeville, Idaho 83530
Or stop by our office located at the Eimer's Park and Visitor's Center at Hwy 95 and Pine.

Memberships are non-refundable.

Grangeville Area Chamber of Commerce, P.O. Box 212 Grangeville, Idaho 83530
URL: <http://www.grangevilleidaho.com> Email: chamber@grangevilleidaho.com
Phone: 208-983-0460

