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BELMONT-CENTRAL CHAMBER OF COMMERCE

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CHAMBER MEMBERSHIP APPLICATION

2019 Membership Application

Business Name: _____

Contact Person & Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Number of Employees: Full Time _____ Part Time: _____

Please submit this form, along with your payment to the **Belmont-Central Chamber of Commerce**.

Credit Card # _____ Exp. Date _____ CVV _____

Name on Credit Card: _____

Credit Card Billing Address (if different) _____

Membership Tiers:

Level 1 :	(1-20 employees)	\$95
Level 2	(21-plus employees)	\$145
Home based business		\$45

Amount: \$ _____

Thank You ~ We welcome you as a BC Chamber Member and look forward to working with you!

Please call us if you'd like to schedule a meeting at your business or feel free to stop in at our office at anytime.