

Application is hereby made for membership in the
BERRIEN COUNTY CHAMBER OF COMMERCE
PO BOX 217—NASHVILLE, GA 31639

PHONE: 229-686-5123 FAX: 229-686-1905 berrienchamber.office@windstream.net

Please use separate applications for each business entity.

Application Date: _____

Business Name (exactly as it should appear): _____

Principal Representative: _____ Title: _____

Billing Representative: _____ Title: _____

Physical Address: _____ City: _____ State & Zip: _____

Mailing Address: _____ City: _____ State & Zip: _____

Phone: _____ Cell: _____ Fax: _____

Type of Business: _____ Hours of Operation: _____

Number of Employees: Full Time _____ Part Time _____ Seasonal _____

Email: _____ Website: _____

Social Media Sites: Facebook: _____ Instagram: _____ Other: _____

Does your business accept Berrien Bucks? Yes _____ No _____

Amount Due: \$ _____ Amount Enclosed: \$ _____

Membership in the Berrien County Chamber of Commerce enables all companies, through their member representative, to apply for active membership in any special group, council, task force, or other organization within the structure. I further understand that membership in the Berrien County Chamber of Commerce is subjected to ratification and final approval by the Chamber's Board of Directors.

The membership covered by this application shall be considered as renewed from calendar year to year, unless notice is given in writing prior to the renewal date. Annual charges are to be paid in advance. Dues invoices will be issued in November of each year, and will be due by January 31st of the membership year. Berrien County Chamber of Commerce membership dues may be tax-deductible as a business expense. Dues are not deductible as a charitable contribution for federal income tax purposes.

Printed Name: _____ Signature: _____

If you have any questions, please contact the Chamber office at 229-686-5123.

Forms may be mailed, emailed, or faxed to our office. Payment may be cash, check, or card.

Thank you for supporting the Berrien County Chamber of Commerce!

Office Use Only: Date Received _____ Payment Type _____ Payment Amount _____
Billing _____ Website _____ Packet _____