



Application Date _____

MEMBERSHIP APPLICATION

I/we hereby apply for membership in the Wallace Chamber of Commerce to help carry on the economic and civic growth and improvement of the Wallace Area.

BusinessName _____

Contact Person _____

Mailing Address _____

Street Address _____

Telephone # _____ Number of Employees _____

Cell # _____ Email Address _____

Website _____ Facebook Page _____

Products and/or Services _____

DUES SCHEDULE

New Members dues will be prorated for the remaining portion of the first year and thereafter will be due and payable in January each year.

Dues for all businesses are the same, regardless of number of employees.

ANNUAL DUES: \$100*

**For owners of multiple businesses, each business will require its own membership fee with a cap at \$300 for companies with more than 3 businesses. Membership will continue until written resignation is submitted or requested, or dues have become past due. Regular Annual Dues are expected no later than January 15th of each year.*

Please complete and return this form with your payment to:

Wallace Chamber of Commerce, P.O. Box 427, Wallace, North Carolina 28466

For online application and annual dues payment visit wallacechamber.org

For questions please email wallaceareachamberofcommerce@gmail.com