

MEMBERSHIP APPLICATION

Habersham County Chamber of Commerce
668 Historic Highway 441 N., P.O. Box 366, Cornelia, GA 30531

Telephone 706-778-4654,

www.habershamchamber.com email: habchamber@windstream.net

Business Name: _____

Primary Contact: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Mobile: _____

Email: _____

Website: _____

Social Media: (Format: <https://www.socialmediawebsite.com/yourbusinesspagename>)

- Facebook: _____
- Twitter: _____
- LinkedIn: _____
- Instagram: _____

Type of business: (circle one) ▪ Small Business, Retail, Corporate, or Manufacturing ▪ Hotels, Motels, B&Bs, Apartments, Cabins, Lodges ▪ Government ▪ Charitable Organizations (Churches, Non-profits) ▪ Educational Institutions ▪ Financial Institutions ▪ Credit Unions ▪ Utilities ▪ Real Estate Companies ▪ Insurance Companies & CPAs ▪ Non-retired individuals (no business listing) ▪ Retirees

List all keywords or phrases that describe your business and service:

Continue list on back of page

Number of **Full-Time** employees _____ Number of **Part-Time** employees: _____

Membership Investment (dues—See attached Investment Schedule) \$ _____

List name and email of Additional Representative(s):

(See attached Membership Investment Schedule for number allowed)

Name: _____ Email: _____

(Continue list of representatives and emails on back, if applicable.)

Person responsible for your joining: _____

By signing below, I hereby grant to the Habersham County Chamber of Commerce, its representatives, and employees, the right to take photographs and/or videos of me, my business, and my property in connection with Chamber events and functions. I authorize the Chamber, its representatives, employees, assigns, and transferees to copyright, use and publish the same, with or without my name or business name for any lawful purpose, in print and/or electronically (including but not limited to social media, newsletters, websites, advertisements, publicity, illustration).

Name (Please print or type)

Signature

Date

Thank you for joining. Please plan to participate in Chamber activities that provide benefits to members.
The Habersham County Chamber of Commerce is an equal opportunity organization.