Belhaven Community Chamber and Welcome Center

For Internal Use

Email:­­­\_\_\_\_\_\_\_

CC: \_\_\_\_\_\_\_\_\_

QB: \_\_\_\_\_\_\_\_

Membership Application

293 E. Water Street, P.O Box 147, Belhaven NC 27

252-943-3770 [belhaveninfo@rsnet.org](mailto:belhaveninfo@rsnet.org)

**Please Print -**

|  |
| --- |
| Date: |
| Business Name | | | | | |
|  | | | | | |
| Primary Contact Name | | | Title | | |
| Additional Contact Name | | | Title | | |
| Physical Address including city, state and zip (This will appear on our website) | | | | | |
|  | | | | | |
| Mailing Address including city, state and zip | | | | | |
|  | | | | | |
| Billing Address (if different) including city, state and zip | | | | | |
|  | | | | | |
| Business Phone | Cell Phone | | | Other Phone | |
| Website | | E-mail | | | |

Description of business Please give a brief description of your business. This will appear on our website

|  |  |  |
| --- | --- | --- |
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|  | | |
|  | | |
| Check | | **Please choose desired membership level from the attached options.**  **-MEMBERSHIP LEVEL** | INVESTMENT | |
| X | | Regular Membership (see enclosure for amount) |  | |
|  | | Partnership Status One | 100.00 | |
|  | | Partnership Status Two | 200.00 | |
|  | | Partnership Status Three | 250.00 | |
|  | | We would consider sponsoring a Chamber event |  | |
|  | | We would like more information on hosting a Chamber Business After Hours event. |  | |
|  | |  |  | |

Membership level Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment:**

Check Enclosed

|  |  |  |
| --- | --- | --- |
| Credit Card Number and Name on Card | Expiration Date: | V-Code |
| Credit Card Address (if different) | City | Billing Zip Code |

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to auto renew your membership annually? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_