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

**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

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_