

New Member Application

I request consideration for membership of the following firm in the Salisbury Area Chamber of Commerce.

Company Name _____

Representative _____

Mailing Address _____

Telephone _____ Fax _____

Check box if you do **NOT** wish to receive faxes during non-business hours

E-mail _____

Web Site _____



Type of Business _____

Number of Employees: FT _____ PT _____ Annual Investment _____

Sponsored By _____

The following is requested for our new member profile, which is published in the Salisbury Business Journal

What are your company's principal products or services? What sets you apart from others?

When was the business established? _____ When was this site established? _____

Who are your primary customers? _____

What do you hope to gain from becoming a Chamber member? _____

Please complete this form and either:

- Return it with your check to the Salisbury Area Chamber of Commerce, P.O. Box 510, Salisbury, MD 21803-0510.
- Fax the application to (410) 860-9925 with a credit card number.
CC# _____ CVC# _____ Exp. Date _____ Visa ___ MasterCard ___ AmEx ___
- Fax the application and a bill will be sent to the mailing address you listed above.

Or complete the application on our web site www.salisburyarea.com and we will bill for the dues.