



Year: _____

MEMBERSHIP APPLICATION		
Membership Annual Rate: \$75.00		
APPLICANT INFORMATION		
Authorized Individual Name:		
Business Name:		Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Website:	How long in Business?
EMERGENCY CONTACT		
Name:		Phone:
Address:		
City:	State:	ZIP Code:
Relationship:		
REFERRALS		
Name:	Email:	Phone:
ALTERNATE MEMBERSHIP PRIVILEGES IF DESIRED		
Name:		Position:
Name:		Position:
SIGNATURES		
<p>Mission Statement: To promote commercial and business prosperity in Rising Sun and its surrounding communities and to promote growth and development of businesses and professional services, both large and small, with respect to improving both commercial and residential conditions.</p> <p>Monthly Meeting: 1st Wednesday of the month (September through June) 9am, Rising Sun Town Hall</p> <p>Some of the Membership Benefits: Listing on The Rising Sun Chamber of Commerce (Rising-Sun-Chamber.org) website with link to your business website. Networking and advertising opportunities. Social Media Advertising Event Discounts</p>		
Signature of applicant:		Date:
Signature of other: <i>only if for a joint membership</i> :		Date: