

Holly Springs Chamber of Commerce Membership Application

Membership Listing as you want on HSCC website and in HSCC Directory:

Company Name: _____

Main Representative: _____ Title: _____

Mail Address : _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Website: _____

Main Representative Email: _____

Billing Contact if different from Main Representative:

Name: _____

Address: _____

City/State/Zip Code: _____

Email: _____ Phone: _____

Brief Summary of Your Business: _____

Additional Representative

Email Address

Areas of Interest:

(check all that apply)

- Making New Business Contacts
- Marketing Opportunities
- Member Discount
- Programs for Women
- Sponsorship Opportunities
- Educations Forums

Expectations:

Amount of Annual Dues: _____

Business Category for HSCC website & HSCC Directory: _____

Payment Options

Payment: Check Cash Credit Card (Visa, Mastercard, Discover or American Express)

Credit Card Number: _____ Expiration Date: _____ VCode: _____

Name on Credit Card: _____

Signature: _____

Entering into this contract entitles you to all the benefits afforded to Chamber Members. Dues may be tax deductible as an ordinary business expense, but they are not deductible as a charitable expense.

By your signature, you acknowledge that this date becomes the annual renewal date for your membership and agree that membership is continued until cancelled in writing.

Signature _____ Date _____