



Scottsbluff/Gering

United Chamber of Commerce

VISION LEADERSHIP OPPORTUNITY

2011 MEMBERSHIP APPLICATION

1517 BROADWAY, SUITE 104 - SCOTTSBLUFF, NE 69361

PHONE: (308) 632-2133 - FAX: (308) 632-7128

EMAIL: CHAMBER@SCOTTSBLUFFGERING.NET

COMPANY / ORGANIZATION NAME: _____

EXECUTIVE NAME: _____ TITLE: _____

PRIMARY CONTACT: _____ TITLE: _____

ADDRESS, CITY, ST, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

WEBSITE: _____ YEAR BUSINESS OPENED: _____

EMPLOYEE INFORMATION: # FULL TIME: _____ # PART TIME: _____

LIST IF APPLICABLE: # PROFESSIONALS: _____ # LICENSED SALES: _____

BILLING CONTACT: _____ **BILLING PHONE:** _____

BILLING ADDRESS: _____

HOW DO YOU WISH TO BE BILLED? ANNUAL: SEMI-ANNUAL*: QUARTERLY*:

* Please note, a \$20 fee will be assessed annually for all semi-annual and quarterly accounts.

LINK MY WEBSITE AND MY BUSINESS LISTING ON THE CHAMBER WEBSITE (\$25.00/year):

ADD MY EMAIL TO THE CHECK ALERT NOTIFICATION (Free Service):

BUSINESS DIRECTORY CATEGORY (For Community Directory and on the Website): _____

ADDITIONAL DIRECTORY CATEGORY (\$25.00 each / year): _____

MEMBERSHIP INVESTMENT TOTAL: _____

WHAT ARE YOUR EXPECTATIONS AS A MEMBER?: _____

DESCRIPTION OF BUSINESS (Will be printed in the Newsletter): _____

SIGNATURE: _____ DATE: _____

Membership investment is tax deductible as a necessary business expense, not as a charitable contribution. Make sure to let your accountant know that you are a member of the Chamber of Commerce.

