



CORNERSTONE
CHAMBER
of **COMMERCE**

Membership Application

Firm: _____

Executive: _____

Contact Person: _____

Mailing Address: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail Address: _____ **Internet Address:** _____

Phone Number: _____ **Fax Number:** _____

Product/Service Classification: _____

(Please see enclosed listing – choose one category)

Annual Membership Dues: _____ **# Employees:** **Full-time** _____ **Part-time** _____

Year Company was Established: _____

What is your preferred method of receiving information: **E-mail** **Direct Mail**

Note: To assist with efficiencies and cost savings, the Chamber's preferred method is e-mail

Who referred you to the Chamber? _____

Are you a minority-owned or woman-owned business? **Yes** _____ **No** _____

If yes, are you certified? **MBE** _____ **WBE** _____ **Both** _____

I'm interested in learning more about the following organizations:

- Cornerstone Alliance** **Cornerstone Alliance Small Business Services**

I submit our application for full Chamber membership with all rights, privileges and benefits. Membership in the Cornerstone Chamber is annual and will automatically continue unless written cancellation is received. Renewal dates are twelve months on the calendar year from January through December.

Signature: _____ **Date:** _____

For more information contact – Regina Ciaravino, Director of Chamber Development at 757-0227