

*Van Buren County/Spencer Chamber of Commerce
Membership Application*

Name _____

Product manufactured or type of business Mailing _____

Address _____

Physical Address _____

Business Web Site _____

Telephone _____

Fax _____

E-mail _____

Owners Name _____

Address _____

Telephone _____

Type of Membership: Individual \$25.00 _____ *Business \$50.00* _____

Manager Name _____

Number of Employees _____

Membership Investment amount _____

Signature _____ *Date* _____