



Membership Application

"Serving the Greater Westville Area Since 1959"

Company Information (Please put a check in the box next to the information you would like posted on the Chamber web site.)

- Company Name: _____
- Physical Address: _____
- Mailing Address: _____
- City, State, Zip: _____
- Office Phone: _____
- Cell Phone: _____
- Fax: _____
- Year Business Established: _____
- # of Full-Time Employees: _____
- Type of Business: _____
- Days of Operation: _____
- Hours of Operation: _____
- Email Address: _____
- Web Address: _____

Membership

<input type="checkbox"/> Basic Level	\$50.00
<input type="checkbox"/> Silver Level	\$100.00
<input type="checkbox"/> Gold Level	\$300.00

Check # _____

Cash _____

Business Description (50 words or less):

Company Representative Contact Information:

- Primary Contact: _____ Title: _____
- Phone Number: _____ Email: _____
- Billing Contact: _____ Title: _____
- Phone Number: _____ Email: _____

I request membership in the Westville Area Chamber of Commerce. I consent to the posting of my business information as listed above on the Westville Area Chamber of Commerce website and acknowledge that the information is available to the public. *All applicant postings and information are subject to the approval of the WACC Board of Directors.*

Signature: _____ Date: _____

Print Name: _____