

Logan County Chamber of Commerce

Introductory Membership Form

Business Name _____

Primary Rep _____ Billing Rep _____

Email _____

Job Title _____

Additional Account Reps: (Please choose 1 billing rep, primary rep can be both)

Name _____ Email _____ Billing Rep _____

Name _____ Email _____ Billing Rep _____

Name _____ Email _____ Billing Rep _____

Physical Address _____

Mailing Address _____

Phone: _____

Website _____

Business Hours: _____

Business Description _____

Number of Employees _____

Briefly describe what you are hoping to get out of your Chamber Membership

Signature

____/____/____

Date