



*Moving Business Forward*

## Application for Associate Membership for Travel

**Associate Dues: \$75.00/Year**

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**Please type or print requested information.**

**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Current Travel Member:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_ **Signature**

**We accept cash, checks (Payable to Greece Regional Chamber of Commerce)  
or credit card payment.** **Total Amount Due \$75.00**

Cash  Check # \_\_\_\_\_  VISA  Master Card  Discover  AmEx

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_