

2021 Blanchester Area Chamber of Commerce Membership Application

Business Name: _____ Contact Name: _____

Address: _____ Fax: _____

Phone #: _____ E-mail _____

Please send application and check for \$75.00 made payable to BACC to:

BACC
P.O. Box 274
Blanchester OH, 45107

Or pay Online now! www.BlanchesterChamber.com

Volunteer: Indicate any area you would be interested in participating

_____ Red, White & Blanchester Blue _____ Fireworks Donation

_____ Business Symposium _____ Fall Festival

_____ Other (Please Specify)

We would like to add you to our member directory online!

What is your Website or Facebook page that we can link you to?

