

Fanning Springs Chamber of Commerce
Membership Application



Date: _____
Contact Person: _____ Title: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ X- _____ Fax: _____
E-mail: _____ Website: _____
Number of Employees Full time: _____ Part time: _____
Referred By: _____
Type of Business: _____ Years in Business: _____
Keywords/phrases identifying your business (limit 10): _____

Why are you joining?: _____

Committees/Groups you would consider joining:

- Movie Night Christmas Festival Spring Festival Membership
- Board of Directors Club Officer

YES, I want/ NO, I do not want - to receive emails from the Chamber

DUES

Personal \$25.00 Business \$50

Business with advertisement and on the Chambers Facebook page, and website. \$150
All members will be listed on the website in the members section.

Please return application along with two business cards to:

The Fanning Springs Chamber of Commerce
Attn New Member Application
17651 NW 90th Ct
Fanning Springs FL 32693

For Office Use- Directory Code _____ Date of input: _____ Processed by: _____