



Crisfield Area Chamber of Commerce

906 W. Main St., P.O. Box 292, Crisfield, MD 21817

410-968-2500 1-800-782-3913

410-968-0524 fax

info@crisfieldchamber.com

www.crisfieldchamber.com

2016 Membership Application

Focused on Business and Community

Business/Organization name _____

Business Organization type: accountant attorney/title co hotel/motel
 bank/mortgage Co restaurant real estate
 golf course campground transportation
 general business contractor homeowner/condo owner
 shopping/retail non-profit organization other _____

Mailing/billing address: _____

City, State, zip _____

Physical address (if different from mailing address) _____

Company web-site _____

Business email _____

Phone _____ Fax _____

Name of primary contact _____

Date business established _____ #employees _____

Description of business _____

Referred by (optional) _____

<i># of Affiliates</i>	<i>Employees</i>	<i>Amount</i>	<i>Votes</i>
5	Over 51	\$300.00	5
4	26-50	\$250.00	4
3	11-25	\$200.00	3
2	5-10	\$150.00	2
1	1-4	\$100.00	1
1	Non-Profit	\$100.00	1

Company Representatives (must correspond to number of Affiliates above)

1. _____ 4. _____
 2. _____ 5. _____
 3. _____

Please note Chamber accepts all major credit cards and we take your security very seriously

Name: _____ Number _____

Exp. _____ CVC _____

Payment information: invested amount \$ _____ check # enclosed _____

*Would you like to appear
 On the chamber website
 (no charge)
 yes no*

*would you like a link
 from our website to
 yours (no charge)
 yes no*

*Would you like information
 on how to enhance your
 listing on the chamber
 website? yes no*

Comments: _____

Signature _____

Date _____