



# CONYERS-ROCKDALE CHAMBER OF COMMERCE APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Company Representative \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Additional Company Contact \_\_\_\_\_ Title: \_\_\_\_\_

Contact Address(if different from above) \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Non-Profit: yes\_\_\_(Proof of 501(c)(3) status must accompany payment)

Membership Annual Investment: \$ \_\_\_\_\_ Membership Sponsor: \_\_\_\_\_

Organization: \_\_\_\_\_

Home Base Business?    yes                    no                    weblink purchase \$49.95 year \_\_\_\_\_yes                    no

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Circle Payment Method: cash    check-check#: \_\_\_\_\_    Credit Card: Visa    Mastercard    American Express  
Discover

Card #: \_\_\_\_\_    Exp Date: \_\_\_\_\_    Security Code: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_    Signature: \_\_\_\_\_

Investments are paid in advance and automatically invoiced each year.

**Please return this application with Membership Investment to: Conyers-Rockdale Chamber of Commerce  
P. O. Box 483  
Conyers, GA 30012  
Fax: 770-922-8415  
Phone: 770-483-7049**