

# Clay Area Chamber of Commerce

## Membership Application

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

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Principle/Owner \_\_\_\_\_

Representatives \_\_\_\_\_

\_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_

Annual Membership \$75.00

Received By \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Mail the completed application, with a check made out to Clay Area Chamber of Commerce, to Post Office Box 26, Clay Alabama 35048. You may also bring it to the next chamber meeting, or fax the application to 205-680-2757. All of the Chamber meeting information is available on the events page of the website at [www.clayareachamber.com](http://www.clayareachamber.com)

Thank You

Clay Area Chamber Welcomes You as a Partner