



HIGH POINT
CHAMBER OF COMMERCE

DATE _____

SOLD BY _____

1634 N Main St.~PO Box 5025~High Point, NC 27262

Ph: (336) 882-5000 ~ Fax: (336) 889-9499

Web Site: www.highpointchamber.org

Email: info@highpointchamber.org

Membership Application

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address If Different From Mailing Address _____

Telephone _____ Fax _____ Date Established _____

Web Site _____

Primary Representative _____ Title _____ Preferred Name _____

E-mail _____

Number of Employees: _____ Full-Time: _____ Part-Time: _____

Number of Rooms: _____ Number of Units: _____ Non-Profit: _____

Yellow Page Classification _____

Business Description: (15 words or less) _____

Please include the email addresses of any other employees who would be interested in receiving the bi-monthly e-gram from the Chamber. This e-publication is designed to keep you informed of Chamber events and "What's going on".

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ Email _____

Total Annual Investment in Chamber Membership \$ _____

Credit Card Payment: (circle) **Visa** _____ **MC** _____ **AE** _____ Number _____

Exp. Date _____ V-Code _____ Card Holder Name _____

Check _____ Cash _____