



**HIGH POINT**  
CHAMBER OF COMMERCE

**Robin L. Hill**  
**Director of Membership**  
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### Membership Application

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address If Different From Mailing: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Established: \_\_\_\_\_

Web: \_\_\_\_\_ Twitter: \_\_\_\_\_ Facebook \_\_\_\_\_

Primary Representative: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Non-Profit: \_\_\_\_\_

Online Directory Category Listing \_\_\_\_\_

List below additional email addresses of those employees you would like the Chamber's E-Gram forwarded:

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_ Title \_\_\_\_\_

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

Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ AE \_\_\_\_\_ Card #: \_\_\_\_\_

Exp.Date: \_\_\_\_\_ V-Code: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Address Listed on Card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

Chamber Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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