

MEMBERSHIP APPLICATION

Welcome and congratulations

on joining the **Washington County Chamber of Commerce**

Your investment in the Washington County Chamber of Commerce is a commitment to the growth and prosperity of the Washington County area and, more importantly, an investment to your future and success:

Date: _____

Business: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Other phone: _____

Fax: _____ Website: _____

Primary Representative: _____

Title: _____ Email: _____

Secondary Representative: _____

Title: _____ Email: _____

Signature: _____ Date: _____

By signing, I consent to receive email communications sent by the Washington County Chamber of Commerce which will not sell or exchange your email address to any outside source. If you wish for your **email address** to **not** be listed on our website or in electronic or print publications, **please sign here.** Signature: _____

Business Description: (256 Characters)

Number of full Time Employees: _____ Membership Amount: _____

Method of Payment: Cash Check Credit Card Facebook Address _____

All goods and services promoted by the Washington County Chamber of Commerce to members shall be in good taste and in conformance with the community standards of decency and subject to the approval of the Washington County Chamber of Commerce. The Washington County Chamber of Commerce shall have the right to edit messages or advertisements from members, or require changes or deletions, including the right to disapprove of the message or advertisements in its entirety in its sole discretion.

Payment of Chamber membership dues is deductible as an ordinary and necessary business expense. Accounts 90 days past due will result in membership status being placed in suspension.

Washington County Chamber of Commerce
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