



WINTERVILLE CHAMBER OF COMMERCE

APPLICATION / INVOICE FOR MEMBERSHIP

- Business: 5 or less Employees, \$100 / year** **Business: 6-15 Employees, \$125 / year**
 Business: 15+ Employees, \$150 / year **Individual: \$50 / year**

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Employer: _____

Title: _____

Areas of Interest

- Leadership
 Personal Development
 Community Involvement
 Meeting New People
 Professional Development
 Business Networking
 Other _____

SIGNATURE _____

All Applicants, by signature on application form and payment of membership dues, agree to adhere to all by-laws, policies and procedures adapted by the Board of Directors and Membership. Body of The Winterville Chamber of Commerce.

**Annual Dues run January through December,
Please remit payment to:**

**The Winterville Chamber of Commerce
PO Box 1815
Winterville, NC 28590**