Henderson-Vance County Chamber of Commerce
414 S. Garnett Street, Henderson, NC 27536
PO Box 1302
(252) 438-8414
www.hendersonvance.org sandra@hendersonvance.org
Sandra Wilkerson - President

MEMBERSHIP APPLICATION

The Henderson-Vance Chamber of Commerce welcomes your application and the financial investment you will be making. Your decision to join the Chamber indicates an interest in growing your business, improving your company's bottom line, and demonstrates your commitment to improving the community and economic prosperity of Henderson and Vance County. We are pleased to be your new business partner!

Date _____ # of Full-Time Employees_____

Business Name _____

Physical Address _____

Mailing Address _____

Business Phone _____ Business Email _____

Website URL _____

Representatives:

Primary Contact Name (Owner)	Title	Email Address
Billing Contact Name	Title	Email Address
Additional Representative Name	Title	Email Address
Additional Representative Name	Title	Email Address

Business classification (Circle One):

- General Business (Retail, Wholesale, Restaurants, Real Estate, Medical, Professional)
- Manufacturing, Industrial, Utilities
- Governmental
- Banks, Credit Unions
- Non-Profit Organization, Church, Civic Club, 501(C)3
- Elementary, Middle, High School, Higher Education Institution
- Individual (unaffiliated with an established business)

Why are you joining the Chamber? ☐ Community Support ☐ Referrals ☐ Exposure ☐ Other _____

Please describe your business including products/services sold, hours of operation, etc.:

Join the Chamber's Champion Club.

When you voluntarily pay the optional 10% over your annual dues, you will be contributing to enhanced promotion of your business through increased exposure on our website, in our publications and at signature events. It also proves that you are an integral part of the Chamber that believes in the mission and goals of our organization to drive economic growth through active engagement and advocacy for our business community.

Your Chamber's annual investment is based on your business category and the number of full time employees. Refer to the attached Investment Schedule to determine the amount owed or call the Chamber office for assistance. 252-438-8414.

Classification_____ # of Full-Time Employees _____
Category _____ (1 at no charge)
Additional Category _____ (allowed up to 2 additional categories at $10.00 each)
Amount Due $_____
Chamber Champion Club $_____
Additional Category $_____
Total Paid With Enclosed Check $ _____
(To pay by Credit Card, Call the Chamber Office at 252-438-8414)

For Office Use Only:

Date of Membership: _____

Dues Paid: _____

Welcome Letter: _____

Posted to Website: _____

Added to Mailing List: _____