



## WILCOX AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Name of Business: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email (for newsletters): \_\_\_\_\_

Website: \_\_\_\_\_

Social Media Link(s): \_\_\_\_\_

Would you be interested in having WACC host a Ribbon Cutting event: \_\_\_\_\_ If so, When? \_\_\_\_\_

### TYPE OF BUSINESS

(please check one)

Manufacturing / Processing: \_\_\_\_\_

Retail: \_\_\_\_\_

Financial: \_\_\_\_\_

Service: \_\_\_\_\_

Individual: \_\_\_\_\_

Couple: \_\_\_\_\_

Other: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out this form, so we can update your information, and mail to:*

**Wilcox Area Chamber of Commerce**

1001 Earl Hilliard Road

Camden, AL 36726