

Knox County Chamber of Commerce Membership Application



Business/Company Name \_\_\_\_\_  
Address (if more than one location/branch, please list all contact information on a separate sheet)

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than above)

Phone \_\_\_\_\_ Toll-Free \_\_\_\_\_ Fax \_\_\_\_\_

Web site \_\_\_\_\_

Name of Owner/CEO/President/Manager (Circle one or write in title) \_\_\_\_\_

Email \_\_\_\_\_

Type of Business or Category: This is your "yellow pages" category. Example: **Restaurants**  
Category: \_\_\_\_\_

Please give us a brief description of your business (limited to 250 characters, including spaces):

\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be the anniversary date of your business? \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

Our newsletter and Chamber updates are sent via e-mail. We encourage you to include all key members of your staff to receive information. Please tell us their names and e-mail addresses. Use an additional sheet if necessary.

Name	E-mail address
_____	_____
_____	_____

To receive a quote on Workers' Comp Group Rating Plan, list BWC policy number: \_\_\_\_\_

To receive a quote on Health Insurance Group Plan, list contact name: \_\_\_\_\_

How did you hear about the Chamber?

Chamber Member Referral: Member's company name – \_\_\_\_\_

Contacted by Chamber Staff \_\_\_\_\_ Web site \_\_\_\_\_ Advertisement \_\_\_\_\_ Other \_\_\_\_\_

Membership dues are prorated for year. Renewal is January. Contact Chamber for dues calculation. Amt: \$ \_\_\_\_\_

Please Invoice Me \_\_\_\_\_ VISA/MasterCard # \_\_\_\_\_ exp. \_\_\_\_\_

Questions: Call the Chamber office at 740-393-1111. Fax: 740-393-1590

For office use only: Investment \$ \_\_\_\_\_ Received \_\_\_\_\_ Renewal month \_\_\_\_\_ Database \_\_\_\_\_ QB \_\_\_\_\_ Plaque \_\_\_\_\_ Invoice # \_\_\_\_\_