

**CROSSVILLE-CUMBERLAND COUNTY CHAMBER OF COMMERCE
MEMBERSHIP INFORMATION SHEET**

Business Name: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

Billing Address (If different from above – please include contact name): _____

Phone: _____ Fax: _____ Number of Employees: _____

Website/E-mail (Link to be approved by the Board): _____

Business Hours/Days: _____

Type of service offered: _____

Will you be offering any promotions or discounted services to coincide with your business becoming a member of the Chamber: _____

In 25-words or less write a description for your business to be used in our Newsletter announcing you as a new member to the Chamber.

Give a quote about your business: _____

Please list specific examples of your business that makes it unique and attractive to customers: _____

(Continue on back of page as necessary)