



Membership Application

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax # _____

Email Address: _____

Website: _____

Owner's Name: _____

Type of Membership:

Business Member: \$35 Industrial Member: \$100 Individual Member: \$15

Describe your business and the types of services you offer:

Signature: _____ Title: _____

Chamber Representative: _____ Date: _____

This application is subject to review by the Rome City Chamber Board of Directors.

PO Box 42, Rome City, IN 46784, Membership@romecitychamber.com

www.romecitychamber.com

