



Crisfield Area Chamber of Commerce
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410-968-0524 fax
office@crisfieldchamberofcommerce.com
www.crisfieldchamber.com

**2019 APPLICATION
FOR INDIVIDUAL MEMBERSHIP**

Applicant _____

Mailing Address _____

Home Phone # _____

Cell Phone # _____

E-Mail address _____

ANNUAL DUES \$25.00 - January 1 - December 31,2019

I understand that this is an individual membership and not a business membership.

Signature: _____

Date _____