



Crisfield Area Chamber of Commerce

906 W. Main St., PO Box 292, Crisfield, MD 21817

410-968-2500 1-800-782-3913

410-968-0524 fax

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www.crisfieldchamber.com

2019 MEMBERSHIP APPLICATION

BUSINESS/ORGANIZATION NAME _____

MAILING ADDRESS: _____

CITY, STATE, ZIP _____

PHYSICAL ADDRESS (if different from mailing address) _____

BUSINESS WEBSITE _____

FACEBOOK PAGE NAME _____

BUSINESS EMAIL _____

PHONE _____ **FAX** _____

NAME OF PRIMARY CONTACT _____

phone _____

email _____

(personal contact info will NOT be shared)

E mail is our primary form of communication. Please indicate if you prefer a different form of notification.

Email: _____ USPS Mail: _____ Fax: _____

YEARLY MEMBERSHIP DUES:

\$100.00 BUSINESS

\$ 50.00 NON-PROFIT

PAYMENT: \$ _____ check # enclosed _____

All Credit Cards accepted. Call or stop by Chamber Office with Credit Card information

Signature _____ **Date** _____