PRESCOTT CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

117 W. Goodwin Street ✣ Prescott, AZ 86303 ✣ (928) 445-2000 ✣ (800) 266-7534 ✣ info@Prescott.org

Business Name: _____ Date: _____

Type of Business: _____ Contact Name: _____

Mailing Address: _____ City: _____ ST: _____ Zip Code: _____

Physical Address: _____ City: _____ ST: _____ Zip Code: _____

Telephone: _____ Fax: _____ 800#: _____

E-mail: _____ Website: _____

Communication Preference: E-mail ❒ US Mail ❒

Payment Method: Check Included ❒ Credit Card ❒

We will call you to get your credit card information.

Full-time Employees: _____ Part-time Employees: _____

For Internal Use Only

❒ Computer Entry ❒ Letter
❒ Decal ❒ File Folder
❒ M2M Discount ❒ Ribbon Cutting
❒ Newsletter

ID # _____

Annual Fair Share Total $ _____

One-time Processing Fee $ 30.00

Total Payment $ _____

97% of your membership investment in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense.

MEMBERSHIP BUSINESS PROFILE

The Chamber keeps a referral file for each member. When we receive an inquiry/request for a referral, we check our records in the business category requested to determine the services, products and other helpful information to direct individuals to your business.

Business Category Requested: _____

Address you want listed in the Membership Directory: Mail ❒ Physical ❒

Business Hours: _____ Credit Cards taken: _____

RESTAURANTS: *Open for*: Breakfast Lunch Dinner *Patio Seating?* Y N *Catering Available?* Y N

Group Facilities? Y N *Cocktail Bar or Lounge?* Y N *Reservations Recommended?* Y N

Primary Services or Products *(Please include anything that distinguishes you from the competition such as brand names, customer services, awards, etc.)*

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