



MEMBERSHIP APPLICATION

Date _____

Business Name _____

Business Owner: _____ Contact Name _____

Mailing Address _____ City/State _____

Telephone _____ Fax _____

Number of Employees _____ Type of Business _____

E-mail Address _____ Web Address _____

Cell phone number _____

Make check payable to: **FLOYD COUNTY CHAMBER OF COMMERCE**
313 Westminster St, Suite 210
P.O. Box 1508
Prestonsburg, KY 41653
Phone: 606-886-0364
Fax: 606-889-6574
floydchamber@setel.com

DUES	
1-5 Employees	\$120
6-10	\$175
11-20	\$225
21 – 50	\$350
51+ Employees	\$550
<small>(Civic organizations category \$120.00)</small>	

Dues \$ _____

New Member Fee \$25.00

TOTAL \$ _____

Recommended for membership by: _____

- ◆ Recognition at Next Chamber Membership Meeting
- ◆ Spotlighted In Local Media Outlets
- ◆ Listing and link on Chamber Website
- ◆ Office Depot Discounts
- ◆ Chamber door decal
- ◆ Chamber member referrals in relocation packet
- ◆ Ribbon Cutting

Business Helping Business