



Wellsville Area Chamber of Commerce, Inc.

Membership Application

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Fax: _____ E-Mail: _____

Website: _____ Facebook: _____ Twitter: _____

Business Focus: (retail, hospitality, heavy industry, etc.) _____

Number of FTE Equivalent Employees: _____ Date Business Founded: _____

Primary Contact Name: _____ Role/Title: _____

Primary Contact Telephone: _____ Fax: _____ E-Mail: _____

(This person's name and contact info will appear in WACOC publications, newsletters, electronic communiques. And other media releases)

Secondary Contact Name: _____ Role/Title: _____

Secondary Contact Telephone: _____ Fax: _____ E-Mail: _____

Additional Membership Listing 1: _____

Name

E-Mail Address

Additional Membership Listing 2: _____

Name

E-Mail Address

AUTHORIZATION: I am authorized to and hereby give consent for the company listed above to receive faxes, emails, and other communications, sent by or on behalf of the Wellsville Area Chamber of Commerce, Inc., its agents, assigns, or subsidiaries). I understand that I can revoke this consent by contacting WACOC in writing. I/We also agree and certify that as a WACOC member, I/We will observe the highest level of ethics in conducting business. All applications must be approved by the WACOC Board of Directors.

Signature Authorized Representative

Title

Date



Turn to page two for fee structure and payment options.