



SPRINGDALE
Chamber of Commerce
WE'RE MAKING IT HAPPEN

Springdale Chamber of Commerce Online Membership Application 2017

YES! I want to join the Springdale Chamber of Commerce!

(complete form and submit for approval to: jimed@chamber.springdale.com)

P.O. Box 166, Springdale, AR 72765 | 479-872-2222

Firm Name: _____

Main Contact/Title: Mr./Ms./Mrs. _____

Main Contact E-Mail Address: _____

Main Billing Contact/Title: _____

Billing Address: _____

City State ZIP

Mailing Address: _____

City State ZIP

Physical Address: _____

City State ZIP

Phone 1: () _____ Fax: () _____

Toll Free: () _____ Cell: () _____

Company/Public E-Mail: _____ Website: www. _____

Number of Full Time Employees: _____ Number of Part Time Employees: _____

Membership Directory/Website Category Listing: _____

*This will be used for your listing in the Membership Directory on the Chamber's website, springdale.com

Is your Business: Home Based Woman Owned Minority Owned Veteran Owned

Additional Representatives:

**Please attach an additional page if necessary – additional representatives will receive E-Mail news updates*

Name: _____ **Title:** _____

Phone: _____ E-Mail: _____

Name: _____ **Title:** _____

Phone: _____ E-Mail: _____

The Chamber is not a charity, but serves as an advocacy organization for area business. Membership dues may be deductible as an ordinary business expense. In compliance with the OMNIBUS BUDGET ACT OF 1993, the Chamber estimates that 5% of your membership dues are allocable to certain lobbying expenditures. Therefore, 95% of your membership dues may be deductible for federal income tax purposes. **TAX ID # 71-0029639**

***This membership shall renew annually unless written notice is received.**

Signature

Date

Chamber Representative Signature

Date