

Greenwood Chamber of Commerce
#16 Town Square
PO Box 511, Greenwood, AR 72936
Application For Membership

Date: _____

Fee: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Type of Business: _____

Owner/Manager/Contact Person: _____

Phone: _____ Fax: _____

Mobile: _____ E-Mail _____

Web Site: _____

Year Business/organization started: _____

How Many Full Time Employees: _____ Part-Time _____

Do you own or rent your building/office: _____

This invitation to join was offered by: _____

I would be interested in: Serving on a committee: Volunteering my time:
Making contributions as needed: Special Interests: _____

Information Use and Privacy Policy: The Greenwood Chamber of Commerce uses all membership information provided to us by you for the purpose of promotion of business, informational services, economic development and the betterment of the Chamber and the area. All information provided to us by you may be used in publications, printed and electronic forms, promotions and advertising, fundraising and may be shared with other members and the general public at the discretion of the Chamber staff and board.. The Chamber and those acting on behalf of the organization do not guarantee or warrant the accuracy of this information. It is the responsibility of the member to notify the Chamber of corrections and changes. In addition as an applying member you agree to accept and receive correspondence from the Chamber, members and chamber affiliates by phone, mail, fax and email.

I accept this policy on behalf of myself and my organization or business and wish to apply for membership:

Signature

Date