

::: APPLICATION FOR CHAMBER MEMBERSHIP :::

Business Name: _____

Type of Business: _____

Mailing Address: _____

Membership Dues: _____

Method of Payment:

Check Cash Bill Me

Physical Address: _____

Signature: _____

Date: _____

Telephone: _____

Does the Rockcastle County Chamber of Commerce have your permission to include the above information on the website?

Fax: _____

Yes No

E-Mail: _____

(e-mail is the primary source of communication)

Would you like to receive e-mails on items related to your business?

Website: _____

Yes No

Date business was established: _____

Please submit this application to:

Primary Contact Person: _____

Rockcastle County
Chamber of Commerce
PO Box 778

Mt. Vernon, Kentucky 40456

His/Her Title: _____

Phone: (606) 256-0070

Website: www.rockcastlecountychamber.com

E-mail: info@rockcastlecountychamber.com

Number of Employees:

Full-time: _____ Part-time: _____