MEMBERSHIP APPLICATION SURRY COUNTY CHAMBER OF COMMERCE, INC.

PEOPLE - BUSINESS - GOVERNMENT
POST OFFICE BOX 353 - SURRY, VIRGINIA 23883
(757) 294-0066 - TOLL FREE: (877) 290-0066
WWW.SURRYCHAMBER.ORG

Please complete the following information and remit your annual dues to:
Surry County Chamber of Commerce, Inc.
Attn: Lynn Thornton, Treasurer
P.O. Box 353
Surry, VA 23883

Business Name: Business Representative:				
				_
Phone Number:				
Description of Bus	iness Services/Products:			_
Email Address:				_
Website Address:				_
* Including your website address will allow us to link to your business from the Chamber website *				
I do not wish to be listed on the Surry County Chamber of Commerce, Inc website.				
	Membership	Dues Structure		
	Individual Business:		75.00	
	1-10 Employee 11-50 Employe Over 50 Emplo	es	100.00 150.00 200.00	
	Associate Member Town or County Honorary Member		75.00 250.00 No Fee	
The Surry County	Mission Chamber of Commerce, Inc. is co	Statement	people united to preser	we the
competitive enterp	rise system of business and to pro SCCC advocates and assists in ir	omote local business a	nd community growth	and
By signing below	you hereby signify your suppor I on the applicable category.	t for the SCCC and i	ts mission and agree	to pay

Signed _____ Date ____