



MEMBERSHIP APPLICATION

THANK YOU FOR YOUR SUPPORT!!

Please Check Membership Category

_____ Business Membership - \$195

_____ Non-Profit, Club or Service Organization Membership - \$100

_____ Additional Business Membership - \$50 for each additional business

Please make checks payable to Flushing Area Chamber of Commerce

CREDIT CARD INFORMATION (Visa & MC Only)

Name: _____

Card Number: _____

Expiration Date: _____ **Code on Back:** _____

Billing Address: _____

Signature: _____

Please list business address as you would like it to appear in the Visitors Guide and other resources.

Business Name: _____

Address: _____

Business Phone: _____ **FAX** _____

Contact Person (not listed): _____

Email address (not listed): _____

Website (if applicable): _____