

# Wellsboro Area Chamber of Commerce

# Invoice 2017

PO Box 733

Wellsboro, PA 16901

[info@wellsboropa.com](mailto:info@wellsboropa.com) [www.wellsboropa.com](http://www.wellsboropa.com)

## Membership Information Form

### Bill To:

<p>Membership Dues / No Link</p> <p>Add a link for an additional \$100</p>	<p>Please see the 2017 Fair Share Dues Formula for dues amount.</p>
<p><b>Thank you for supporting the Wellsboro Area Chamber of Commerce</b></p>	

Business Name

Owner Contact Person (if different)

Business Address

City State Zip

Mailing Address (if different)

Business Phone Contact Phone

Email Address Website

Fax Number

Visa/Master Card # Expiration Date Code

Signature

Please enroll my business in the programs indicated below.

- Chamber Membership Payment Enclosed
- Chamber Dollars Participant
- 25 Word Business Description
- Link to the Chamber Website \$100 Additional Fee
- Member to Member Email

Please send me additional information on the programs indicated below.

- Chamber Dollars
- Volunteer Opportunities
- Chamber Committees
- Advertising Opportunities