

Wellsboro Area Chamber of Commerce

Invoice 2018

PO Box 733

Wellsboro, PA 16901

info@wellsboropa.com www.wellsboropa.com

Membership Information Form

Bill To:

Membership Dues / No Link	Please see the Fair Shares Dues Formula for dues amount
Add a link for an additional \$100	
Thank you for supporting the Wellsboro Area Chamber of Commerce	

<hr/> Business Name	<div style="border: 1px solid black; padding: 5px;">Please enroll my business in the programs indicated below.</div>
<hr/> Owner	<input type="checkbox"/> Chamber Membership Payment Enclosed
<hr/> Contact Person (if different)	<input type="checkbox"/> Chamber Dollars Participant
<hr/> Business Address	<input type="checkbox"/> 25 Word Business Description
<hr/> City State Zip	<input type="checkbox"/> Link to the Chamber Website \$100 Additional Fee
<hr/> Mailing Address (if different)	<input type="checkbox"/> Member to Member Email
<hr/> Business Phone	<div style="border: 1px solid black; padding: 5px;">Please send me additional information on the programs indicated below.</div>
<hr/> Contact Phone	<input type="checkbox"/> Chamber Dollars
<hr/> Email Address	<input type="checkbox"/> Volunteer Opportunities
<hr/> Website	<input type="checkbox"/> Chamber Committees
<hr/> Fax Number	<input type="checkbox"/> Advertising Opportunities
<hr/> Visa/Master Card #	
<hr/> Expiration Date	
<hr/> Code	
<hr/> Signature	

Over Please