

Wellsboro Area Chamber of Commerce
P O Box 733
Wellsboro, Pa 16901
Info@wellsboropa.com Wellsboropa.com

Thank you for supporting the Wellsboro Area Chamber of Commerce

Total Payment _____

Business Name

Please enroll my business in the programs indicated below.

Owner	Contact Person (if different)
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Chamber Membership
Payment Enclosed

Business Address

Chamber Dollars Participant

City	State	Zip
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Link to the Chamber Website
\$100 Additional Fee

Mailing Address (if different)

1

Business Phone Contact Phone

Please send me additional information on the programs indicated below.

Email Address Website

Chamber Dollars

Fax Number

Volunteer Opportunities

□ Advertising Opportunities

Signature

As a **free** service, please supply a twenty-five word (or less) description of your business. Your description will be added to our website. Please feel free to use a separate sheet.

Website Business Description -

For Lodging Only

Please indicate what features apply to your facility:

<input type="checkbox"/> Number of Rooms _____	<input type="checkbox"/> Lounge	<input type="checkbox"/> On-Suite Lavatories
<input type="checkbox"/> Indoor Pool	<input type="checkbox"/> Restaurant	<input type="checkbox"/>
<input type="checkbox"/> Outdoor Pool	<input type="checkbox"/> Breakfast Available	<input type="checkbox"/> Pets Allowed
<input type="checkbox"/> Fitness Area	<input type="checkbox"/> Breakfast Included	
<input type="checkbox"/> Jacuzzi Suite		

Note to the above:
