Wellsboro Area Chamber of Commerce

Invoice

2022

114 Main Street Wellsboro, PA 16901

info@wellsboropa.com www.wellsboropa.com

Membership Information Form

Bill To:

| Membership Dues / No Link | | | | Dues: \$ |
|---|------------------|----------------------------|------|--|
| Membership Du \$100 | es With Link Inc | uded include an additiona | ıl | Link: \$ |
| Thank you for supporting the Wellsboro Area Chamber of Commerce | | | | Total: \$ |
| | | | | Please enroll my business in the programs indicated below. |
| Business Name | | | | Chamber Membership Payment Enclosed |
| Owner | | Contact Person (if differe | nt) | Chamber Dollars Participant |
| Business Address | | | | 25 Word Business Description |
| City | State | Zip | | Link to the Chamber Website \$100 Additional Fee |
| Mailing Address (if differen | t) | | | Board of Directors or Committee Member |
| maining / taurooo (ii amoron | , | | | |
| Business Phone | | Contact Phone | | Please send me additional information on the programs indicated below. |
| Email Address | | Website | | Chamber Dollars |
| Fay Number | | | | Volunteer Opportunities |
| Fax Number | | | | Chamber Committees |
| Visa/Master Card # | | Expiration Date | Code | Advertising Opportunities |
| Signature | | | | Over Please |