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

Name Addres City, S	ss state Zip	Dues owed		See Fair Share
Add a linl	k for an additional \$	100		
	·	oro Area Chamber of Commerce		
				Please enroll my business in the programs indicated below.
Business Name			_	
				Chamber Membership Payment Enclosed
Owner		Contact Person (if different)		
				Chamber Dollars Participant
Business Address				25 Word Business Description
				Link to the Chamber Website
City	State	Zip		\$100 Additional Fee
				П
Mailing Address (if d	ifferent)			_
				Please send me additional
Business Phone		Contact Phone		information on the programs indicated below.
Email Address		Website		Chamber Dollars
Lindii Address		Website		Onamber Donars
Care Neurale a r				Volunteer Opportunities
Fax Number				Chamber Committees
Visa/Master Card #		Expiration Date	Code	Advertising Opportunities
		·		<u> </u>
Signature				