## Invoice 2024

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

February 12,2024

	for an additional \$	100		Fair Share for payment information
Thank you for suppo	rting the Wellsb	oro Area Chamber of Commerc	ce	Please enroll my business in the
				programs indicated below.
Business Name				Chamber Membership Payment Enclosed
Owner		Contact Person (if differe	ent)	Chamber Dollars Participant
Business Address				25 Word Business Description
City	State	Zip		Link to the Chamber Website \$100 Additional Fee
Mailing Address (if diff	ferent)			
Business Phone		Contact Phone		Please send me additional information on the programs indicated below.
Email Address		Website		Chamber Dollars
Fax Number				Volunteer Opportunities
rax Number				Chamber Committees
Visa/Master Card #		Expiration Date	Code	Advertising Opportunities
Signature	· · · · · · · · · · · · · · · · · · ·			 Over Please

to our website. Please feel free to use a separate sheet.

Website Business Description -					
	· · · · · · · · · · · · · · · · · · ·				
			<del></del>		
For Lodging Only Please indicate what feature	res apply to your facility:				
Number of Rooms	Lounge	In-Suite Lavatories			
Indoor Pool	Restaurant	No Children			
Outdoor Pool	Breakfast Available	Pets Allowed			
Fitness Area	Breakfast Included				
Jacuzzi Suite					
Note to the above:					
<del></del>					