

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

	Total Payment _____
Thank you for supporting the Wellsboro Area Chamber of Commerce	

Business Name _____

Owner _____ Contact Person (if different) _____

Business Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Business Phone _____ Contact Phone _____

Email Address _____ Website _____

Fax Number _____

Visa/Master Card # _____ Expiration Date _____ Code _____

Signature _____

Please enroll my business in the programs indicated below.

- Chamber Membership
Payment Enclosed
- Chamber Dollars Participant
- 25 Word Business Description
- Link to the Chamber Website
\$100 Additional Fee
-

Please send me additional information on the programs indicated below.

- Chamber Dollars
- Volunteer Opportunities
- Chamber Committees
- Advertising Opportunities

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:
