

Membership Application Marion Chamber of Commerce

13 Military Road · Marion, Arkansas 72364 · 870.739.6041 · www.marionarchamber.org

E-mail us at: chamber@marionarkansas.org

Business (or Individ	ual) Name:				
Membership Classif	(as it should appear on or ication & Annual Dues Sched	• /	rated by month e.g. \$12.50	/month business)	
	ness (\$150) Ma y (\$500) Ind	nufacturing/Logistics (\$500) lividual (\$75)) Financial Civic/Cha	, ,	
Physical Address					
Mailing Address	Street		City/State/Zip		
(If different)	Street or PO Box		City/State/Zip		
	Street or PO Box		City/State/Zip		
	olloot of 1 o box	Fax #	Only/Otato/21p		
Website Facebook URL					
How many people d	oes your business employ?	Full-time		Part-time	
What type of custon	ner is your primary business t	arget?			
What is your main service/product (for use to categorize on our website)?					
List up to 5 services or products you would like others to know you offer:					
What Chamber ben	efits are you most interested i	n?			
How to ma	rket/promote my business	How to ge	How to generate referrals		
How to net	work with other businesses		How to get involved in the community		
How to participate in Chamber events How to utilize sponsorship opportunities					
Primary Contact	t (will be listed on Chamber website and	business listing distributions and will	serve as the primary Chamber of	contact to receive e-mails, etc.)	
Contact Name:		Po	Position/Title:		
Additional Phone (e	.g cell #) or Extension #'s: _				
Preferred E-mail:					
OK to share your e-	mail with other Chamber men	nbers? (<u>'</u>	yes or no)		
INTERNAL USE ONLY	: Database	Plaque	Website		
	E-mail List	Newsletter	Update List	Invoiced	