

WEST WALLSEND CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

NAME (please print)

ADDRESS

.....

TELEPHONE NUMBERS

EMAIL ADDRESS

BUSINESS NAME

BUSINESS ADDRESS

.....

BUSINESS PHONE/FAX

BUSINESS EMAIL

I hereby apply to become a member of the above named incorporated Chamber of Commerce. In the event of my admission as a member, I agree to be bound by the rules of the West Wallsend Chamber of Commerce for the time being in force.

JOINING FEE \$50.00

ANNUAL FEE \$50.00

SIGNATURE

DATE