



MEMBERSHIP APPLICATION

The information you provide below will be added to our data base, used for future publications, and will be available at: www.PleasureIslandNC.org

Business Name _____ **Date** _____

If company name on payment check will differ from above name, please note here (for example, if the Check will come from a corporate office with a different name) _____

Address to be listed on Website: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Title: _____

Company Phone: (____) _____ Fax: (____) _____ Mobile: (____) _____

Email: _____

Company Web Address: _____

Type of Business (Please provide brief description) _____

Billing Address: (if different from above) _____
 City _____ State _____ Zip _____

Annual Membership Investment \$200
Renewal invoice sent on anniversary of you joining the Chamber
 Your membership investment is a deductible business expense.
 Consult your tax advisor for details

Method of Payment

Check Bill Me Visa M/C

Card # _____
 Exp: ____ / ____
 Signature: _____

Listing on Website
 (Please check box under category where you want to be listed)

<i>Things to Do</i>	<i>Accommodations</i>	<i>Local Services</i>
<input type="checkbox"/> Attractions	<input type="checkbox"/> Camping	<input type="checkbox"/> Financial
<input type="checkbox"/> Charter Boats	<input type="checkbox"/> Hotel / Motels	<input type="checkbox"/> Healthcare, Fitness & Beauty
<input type="checkbox"/> Dining	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Home, Building & Construction
<input type="checkbox"/> Golfing	<input type="checkbox"/> Rentals	<input type="checkbox"/> Printing, Graphic & Media
<input type="checkbox"/> Shopping		<input type="checkbox"/> Professional
		<input type="checkbox"/> Transportation, Auto & Marine
		<input type="checkbox"/> Weddings

For office use only:

Plaque ordered _____ Yes _____ No _____ **Web Site Information entered on** _____
Mail Out Program _____ Yes _____ No _____