



Chamber of Commerce

PO Box 582, 131 W. Haynes St., Sandersville, GA 31082
478.552.3288 Fax: 478.552.1449

Business Membership Application

Name of Business or Individual _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____ Phone: _____

Fax: _____ E-Mail: _____ Business Classification _____

Website Address _____

(Your membership includes a link on the Chamber's Website www.washingtoncountyga.com

_____ Please add the above address to the Chamber's Website

Number of Employees ____ Full Time ____ Part-Time Date Business Established _____

Main Contact (Include Title)

I understand that, upon acceptance, this application constitutes a continuing agreement, and that our membership in the Washington County Chamber of Commerce will continue, with dues payable annually, until such time as this agreement is terminated by either party.

Submitted By: _____ Title: _____

Note: Your Chamber of Commerce Membership Investment is tax deductible as a business expense – not as a contribution.

Reason for joining (please check all items that apply)

____ Credibility ____ Directory/Advertising Opportunities ____ Government Representative

____ Education ____ Supporting Washington County ____ Networking

Fee for membership is based on a schedule. Please submit your application to the Chamber office and a representative will contact you. Thank you

Chamber Membership Investment (dues) will be invoiced, or you may charge to you Visa or Mastercard

Method of Installment: Annual _____ Semi-Annual _____ Quarterly _____

Charge your membership investment:

Name: _____ Visa ____ Mastercard ____

Exp. Date: _____ Security Number: _____

Account Number: _____

Signature: _____

All charges will be processed by Citizens Bank of Washington County.