



# Boaz Area Chamber of Commerce

*"Doing Together What No One Can Do Alone"*

## Membership Application

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Employees (Full Time): \_\_\_\_\_ Business Category: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web-Site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

By signing this form, I am giving the Boaz Area Chamber of Commerce authorization to send information by fax, email or mail.

Signature: \_\_\_\_\_

To be filled out by Office Staff Only:

Annual Dues: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Filed in the Following Locations:

QuickBooks: \_\_\_\_\_ Website: \_\_\_\_\_ Email List: \_\_\_\_\_

Excel Membership List: \_\_\_\_\_

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