



CHOOSE MARSHALL

Chamber Membership Application *(please print)*

Complete Business Name _____

Address of Business Location _____

City _____

State _____

ZIP _____

Billing Address (if different than location address) _____

City _____

State _____

ZIP _____

Business Phone Number _____

Business Website _____

Primary Contact Person _____

Email _____

Secondary Contact Person _____

Email _____

Links to Business Social Media: _____

Total Local Employment: Full-time _____ Part-time _____

Describe your business/service as it should appear on choosemarshall.com (use complete sentences):

My business will accept Marshall Bucks (please initial): Yes _____ No _____

I would like to receive the Chamber e-newsletter to the email above (please initial): _____

I permit other Chamber members to have access to my email (please initial): _____

As a Choose Marshall Chamber member, you receive an enhanced listing on choosemarshall.com, which may include up to 10 photos and one video (hosted by YouTube or Vimeo). Email your high-resolution .jpeg photos and video to Patty Williams, pattyw@choosemarshall.com.

I hereby subscribe to membership in the Choose Marshall Chamber and agree to pay the annual business investment in the amount of \$_____ for the fiscal year, July 1 – June 30.

(Checks payable to MAEDA.)

Signature _____

Thank you for your membership!

Credit Card Number: _____

Expiration: _____ CVV: _____ ***For security purposes, this section of form will be shredded.***