



www.GreaterPoconoChamber.com

**BUSINESS NAME:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDITIONAL EMAIL:** \_\_\_\_\_

**WEB SITE:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

**DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **PART TIME** \_\_\_\_\_ **FULL TIME** \_\_\_\_\_

**EMAIL PERMISSION**

E-mail is our primary method of written communication. If this is not a convenient method for contact with you or your company and do not wish to receive e-mails, please select "no" or call 570.421.4433 for further information.

**Permission to contact via E-mail:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Annual Membership Dues**

I understand that my annual membership dues in the Chamber are \$ \_\_\_\_\_, plus a \$50.00 non-refundable application fee. I also understand that my membership must be approved by the Greater Pocono Chamber of Commerce Board of Directors and that, upon that approval, I will be listed as an official member. (Fee Waived \_\_\_ Approved By: \_\_\_\_\_)

I understand that as a member of the Greater Pocono Chamber of Commerce, I may resign upon written request to the Board of Directors (By-Laws: Article IV, Section 4-04D). I also understand that as a member of the Chamber, I will respond promptly and appropriately to any complaint received either directly or through the Chamber office (By-Laws: Article IV, Section 4-04D).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Visa/MC#:** \_\_\_\_\_ **Exp.** \_\_\_\_\_ / \_\_\_\_\_

**Paid Cash \$** \_\_\_\_\_ **Paid Check#** \_\_\_\_\_ **Approve**

*Welcome to the Greater Pocono Chamber of Commerce!*

*Attention: Audrey Bartkowski*

*556 Main Street Stroudsburg, PA 18360*

*570.421.4433 Phone 570.424.7281 Fax*