

WILCOX AREA CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION

NAME OF FIRM _____

CONTACT PERSON AND TITLE _____

ADDRESS _____

PHONE # _____

FAX # _____

EMAIL _____

TYPE OF BUSINESS (check one)

MANUFACTURING/PROCESSING _____

FINANCIAL _____

PROFESSIONAL _____

SERVICE _____

INDIVIDUAL _____

OTHER _____

NUMBER OF EMPLOYEES _____

NUMBER OF YEARS IN BUSINESS _____

PLEASE FILL OUT THIS FORM AND RETURN WITH DUES TO:
WILCOX AREA CHAMBER OF COMMERCE
110 COURT STREET
CAMDEN, AL 36726