connect commerce 2 springfield
Regional Chamber
springfieldregionalchamber.com

Springfield Regional Chamber Membership Application

Business Name: _____

Business Email *(for general public contact)*: _____

Physical Location Address: _____
Street City Zip Code

Mailing Address *(if different)*: _____

Billing Address *(if different)*: _____

Business Website: _____ # FTE: _____ # PTE: _____ Year Est. _____

Main Contact Name: _____

Title: _____ Phone: _____ Fax: _____

Email: _____ Signature: _____

Billing Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Human Resource Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Marketing Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Type of Business *(Membership includes one category listing. Additional Categories chosen from attached are available for $100 each)*

1st: _____ Additional: _____ Additional: _____

Please enter your business description in the spaces provided below *(approximately 40 characters):*

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