

JASPER CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Business Name _____

Address _____

Contact Name(s)
for possible publication _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Toll-free number _____ Web address _____

Business Hours _____

Number of employees: FT _____ PT _____ Year business established _____

Category _____

~~~~~

**BUSINESS DESCRIPTION** (60 words or less)

Please print or type this information so that it is legible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**This information will be inputted into the Jasper Chamber's WebPage as a benefit to our Chamber members. To have your listing added/updated please return this form to the Jasper Chamber of Commerce, P.O. Box 307, Jasper, IN 47547-0307 or fax 812/848-2015. To review the WebPage of the Jasper Chamber, go to: [www.jasperin.org](http://www.jasperin.org) -- enjoy your visit!**