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 -- enjoy your visit!