

Central Baldwin Chamber of Commerce Application for Membership

Firm Name: _____

Company Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Location (if different): _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Type of Business: _____

Company Description/Product/Services: _____

Your Company Established: _____ Number of Employees: _____ Full _____ Part

Amount of Annual Investment: \$ _____

Date Completed: _____

Sponsorship Investment Opportunity *Sponsored by:* _____

Signature _____

Return to:

Central Baldwin Chamber of Commerce
P. O. Box 587, Robertsdale, AL 36567
(251) 947-5932