



Online application New Member Information

Company Name _____ Today's Date: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Rep. Name: _____ Title: _____

Email: _____ Phone: _____

Rep. Name: _____ Title: _____

Email: _____ Phone: _____

Rep. Name: _____ Title: _____

Email: _____ Phone: _____

Please provide additional Representatives from your company on a separate document.

Employees (Full Time): _____ (Part Time): _____ Company Website _____

Company Description (that will appear in Chamber newsletter 75 words or less): _____

Categories: Primary: _____

Secondary: _____ Tertiary: _____

Primary Category is complimentary. Additional Categories \$25 each

Search Keywords: _____

Search keywords are used for database and online member searches

I am most interested in the following programs (Circle all that apply):

Speed Networking Customer Service Legislative Advocacy Education Leadership Academy

Retail Success Academy JAXPO Business After Hours Other: _____

The reason(s) you're joining the Chamber (Circle all that apply):

Networking Insurance Advertising

Education Other: _____

How did you hear about the Jackson Chamber: _____

Other businesses who should join the Jackson Chamber? _____