



Gallia County Chamber of Commerce

PO Box 465, 16 State Street, Gallipolis, OH 45631

MEMBERSHIP APPLICATION NEW

Member Name: _____

Mailing Address: _____

Billing Address: _____

Company Phone: _____ Toll Free : _____

Company Email: _____ Company Website: _____

Social Media Accounts?: ___ Facebook ___ Twitter ___ Instagram ___Pinterest

Company Information:

Anniversary Date: _____ Full-Time Emps.: _____ Part-Time Emps: _____

Hours of Operation:

Brief Description of Business:

Keywords: _____



Representative Information

Name: _____ Title: _____

Is this person the (check all that apply):

Primary Contact Billing Contact Marketing Contact General Information

Email: _____ Cellphone: _____ Office Phone: _____

Company and Mailing Address, if different from Member Company:

Name: _____ Title: _____

Is this person the (check all that apply):

Primary Contact Billing Contact Marketing Contact General Information

Email: _____ Cellphone: _____ Office Phone: _____

Company and Mailing Address, if different from Member Company:

Name: _____ Title: _____

Is this person the (check all that apply):

Primary Contact Billing Contact Marketing Contact General Information

Email: _____ Cellphone: _____ Office Phone: _____

Company and Mailing Address, if different from Member Company:



Gallia County Chamber of Commerce

★★ How would you like your local business listed on our Chamber website and directory? ★★

If the information is the same on the other side, **please write same**, otherwise fill in the correct information. If you do not want certain information listed please write **N/A** on the line provided.

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

For Office Use Only.

Date Joined _____



Gallia County Chamber of Commerce

GOLD, PLATINUM, TITATINIUM MULTI-BUSINESS

COMPANY NAME: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ BUSINESS ANNIVERSARY DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ BUSINESS ANNIVERSARY DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ BUSINESS ANNIVERSARY DATE: _____

PREFERED CONTACT METHOD: (Only pick one)

___ PHONE

___ E-MAIL

___ MAIL