



HOPE AREA CHAMBER OF COMMERCE

Helping Optimize Public Engagement

PO Box 131 Hope, IN 47246 — HopeAreaChamberofCommerce@gmail.com

Membership Form

Business Name: _____

Contact Person: _____

(List any additional contacts on back of sheet)

Phone: _____ Fax: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

(List any additional email address on back of sheet that would like to be added to our mailing list)

Web Address/Facebook Page: _____

Business Hours: _____

(days of week and hours)

Description of business operations / services offered: _____

Membership Dues:

Standard annual fee — \$100

- This application is for Membership to the Hope Area Chamber of Commerce (All dues are non-refundable)
- Please contact Jake Miller at 812-546-2282 or HopeAreaChamberofCommerce@gmail.com with questions.
- Membership Form and payment (checks made to Hope Area Chamber) can be mailed to PO Box 131 Hope, IN 47246
- By filing out this form, your entity agrees to allow the Hope Chamber to use info for our website directory