

# Chamber Membership Renewal Application Form

## Contact Information

Business / Organization Name

Designated Representative

Title

Email

Phone

Mailing Address

Physical Address

Website

## Membership Classification

- Primary - Voting member (for-profit corporation, partnership, sole proprietor)
- Community - Voting member (non-profit corporation, organization, association)
- Supporting - Non-Voting member (individual not representing a business or non-profit organization)

### Membership Category

- Accommodations
- Agriculture
- Artisan
- Communications
- Construction
- Food / Beverage Service
- Health / Personal Care (pets, tool)
- Manufacturing
- Real Estate / Rentals
- Tourism / Recreation
- Resource Extraction (fishing, mining, logging)
- Retail
- Service / Consultation
- Service / Maintenance

### Permission

- Yes, I give the Haines Chamber of Commerce permission to publish my membership information
- No, I do not want my business information listed

### Acknowledgement\*

The mission of the Greater Haines Chamber of Commerce is to promote economic growth and advocate for the Haines Borough business community. By my signature below, I confirm that, the organization I represent, its Board of Directors, its employees, will support the mission of the Greater Haines Chamber of Commerce.

Signature

Printed Name

Date

 