



Blairsville-Union County Chamber of Commerce

Membership Application

706-745-5789 • 877-745-5789 Toll Free • 706-745-1382 Fax

P.O. BOX 789 Blairsville, GA 30514

Please **PRINT** clearly. Fill in each applicable blank. Your information is used in our directory and on our website exactly as received. **Applications must be signed. Incomplete applications CANNOT be processed.** Please return completed application to the Chamber of Commerce.

Date _____

Business Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____

Toll Free/Other# _____

Fax# _____

Email _____

Website _____

Signature _____ (Required)

Base Membership Fee \$ _____

Additional Categories: (If applicable) \$ _____

Satellite/Branch Office \$ _____

Total Amount Paid \$ _____

MEMBER CATEGORIES

Your Chamber Membership dues entitle you to **ONE LISTING** in the Membership Directory and on our Website. Please select the category that is most applicable for your business. For a listing of available categories check our website at www.blairsvillechamber.com. If NONE apply, please contact the Chamber for a classification.

Classification 1

Classification 2
