



Membership Application

Return With Fees* To:
P.O. Box 442
Stanardsville, VA 22973
greenecoc@yahoo.com

Corporate Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Company Internet/WWW Address: _____

Year Founded: _____ No. of Employees: _____ Chamber Member Since: _____

Primary Contact Name: _____

Title: _____

Additional Contact Information: _____

Additional information for inclusion in the Greater Charlottesville Chamber listings:

Referral Categories:

Secondary Locations:

Submitted by: _____ Date: _____

**Fees at time of registration: \$100 January - June; \$75 July - September; and, \$50 October - November.*