



Membership Application

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

Corporate Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Primary Contact Name: _____

Title: _____

E-mail Address: _____

Secondary Contact Name: _____

Title: _____

E-mail Address: _____

Company Internet/WWW Address: _____

Year founded: _____ No. of Employees: _____

Business summary for inclusion on Chamber Web Site:

Submitted by: _____ Date: _____

**Mail-in registration fee: \$150. Apply on-line for pro-rated fee at www.greenecoc.org.*