MEMBERSHIP APPLICATION

Gates County Chamber of Commerce

PO Box 25
Gatesville, NC 27938
Fax: (252) 357-1811

Business or Individual Name

Representative Name

Physical Address Street

City State Zip

Mailing Address Line 1 Line 2

City State Zip

Phone Number Fax Cell

Email Address

Business Description

Business Structure Please select from list

Number of Employees Date Business Began

★ I agree to allow Gates County Chamber of Commerce (GCCC) to use my company name for future promotion of the GCCC in all media outlets, paper, online, etc. ☒ Yes ☐ No

★ I wish to participate and receive emails from the GCCC website . ☒ Yes ☐ No

★ Please provide me a User ID and Password via email. ☒ Yes ☐ No

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Membership Type Please select from list

Please mail payment to GCCC at above address

* Charter Couple Membership shall consist of one full membership and one Associate Membership

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Please help us place your business in one of the following categories below:

If ***Other*** , enter specific category here:

Please select from list

After completing application, please print then mail with payment or fax to GCCC
or save and email to tehadmin@GatesCoChamber.com
If faxed or emailed, GCCC will send you an invoice.

GCCCWS 01/2010