

Membership Application

NAME OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____ NUMBER OF EMPLOYEES: _____

WEBSITE ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

Print this form and mail with your dues to:

Monticello/Jefferson County Chamber of Commerce
420 West Washington Street
Monticello, FL 32344