

# Invitation to Membership

We accept the Chamber's challenge to promote business, tourism and civic responsibility.

**Business Name** (to be shown in print) \_\_\_\_\_

**Business Owner** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Business Address** (physical location - to be shown in print & on website)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Mailing Address** (if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Numbers** (please include area code)

Business (to be shown in print & on website) \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

Check to Receive Chamber/Member Notices by  Fax or  Email

**Email Address** \_\_\_\_\_

**Web Address** \_\_\_\_\_

**Business Description** (describe the product or service you provide)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications are reviewed by the Board of Directors once a month; notification of approval will be made via mail. If you have any questions or would like assistance in completing the application, please contact the Chamber staff at 302-227-6446.

**Business Category** (select one)

- Accommodation    Real Estate    Restaurant/Eatery  
 Retail    Service    Attraction    Patron Member \*

*\* Patron Member may attend Chamber functions, receive emails & publications. Volunteer hours are encouraged. Member services such as print/web advertising may not be purchased.*

**General Information** (used for legislative & demographics)

No. of Employees (avg) \_\_\_\_\_ Avg. Annual Payroll \_\_\_\_\_

Open Year Round?  YES    NO If no, dates open \_\_\_\_\_

**Member to Member Discount** (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_ Chamber Rep \_\_\_\_\_

*Note: Signature acknowledges ownership of required business license(s).*

## Box to be completed by Chamber Staff.

**GEO LOC**  Downtown    Route I    Dewey    Lewes    Other

**Business Sub-Category** \_\_\_\_\_

Business (\$235)    Non-Profit (\$135)    Patron \* (\$150)

Check # \_\_\_\_\_    VISA/MC/AMEX/DISC    Cash   Date \_\_\_\_\_