

**PARKE COUNTY CHAMBER OF COMMERCE
MEMBERSHIP FORM**

Today's Date: _____

Business Name: _____ Type of Business: _____

Products or Services Offered:

Contact Name and Title:

Business Address:

Business Phone: _____ Fax Number: _____

E-Mail: _____ Web Address: _____

Please List any Special Events that your business participates in:

Number of Employees: _____ Volunteers: _____
Full Time _____
Part Time _____
Seasonal _____

Additional Comments:

Business Membership: \$100

Individual Memberships or Not-for-profit organizations & churches: \$30

Please complete this form and return it with your payment to

**Parke County Chamber of Commerce
105 N. Market St. – Suite A
Rockville IN 47872**