

Everson Nooksack Chamber of Commerce Membership Form

Business Name _____

Contact Name _____

Business Address _____
City State Zip Code

Mailing Address (if different) _____
City State Zip Code

Business Phone Number _____

Business Fax Number _____

Contact Email Address _____

Business Website _____

Business Category (circle one) Services Shopping Dining

Membership Category (circle one)

Business Individual *Associate Non-Profit

*Membership is only for out-of-town businesses that would like to display information on the Everson Nooksack Chamber Website

Number of Employees _____

Store Hours (i.e. M-F: 8-5, S: 10-2) _____

Brief Description of the Business

Brief Description of the Company
