

MEMBERSHIP APPLICATION

Kinston – Lenoir County Chamber of Commerce

Business / Organization _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____

FAX _____ Home Phone _____

Website _____

Please enter contact information for the **key representatives** from your business / organization.

Representative #1 _____ Title _____

Email _____ Contact Phone _____

Representative #2 _____ Title _____

Email _____ Contact Phone _____

Representative #3 _____ Title _____

Email _____ Contact Phone _____

Representative #4 _____ Title _____

Business / Organization Category #1 _____
(For both the printed Directory **and** website Directory)

Business / Organization Category #2 _____
(Optional 2nd choice for website Directory)

Business / Organization Category #3 _____
(Optional 3rd choice for website Directory)

Billing Contact _____ Billing Contact Phone _____

Full Billing Address _____

Number of Employees _____ Full Time _____ Part Time _____ Annual Investment Fee \$ _____

Submitted by _____ Date _____

Payment method preferred: Annual _____ or Semi – Annual _____

Mailing Address: Kinston – Lenoir County Chamber of Commerce
301 N. Queen St.
PO Box 157 (252) 527-1914 Fax
Kinston, NC 28502 (252) 527-1131 Chamber Office

For additional information please visit www.kinstonchamber.com