

# ERIE AREA CHAMBER OF COMMERCE

## MEMBERSHIP FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address, if different from mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Dues: \$35.00      Make check payable to: Erie Area Chamber of Commerce

Send or drop by:

Carol Harris  
C/O White Plumbing  
112 N Main  
Erie, KS 66733