

# Join the



## CHAMBER OF COMMERCE

Hagerstown-Washington County

*Includes 2 years of membership!*

Apply and Pay Online at [www.hagerstown.org](http://www.hagerstown.org) or complete and mail this form.

Business/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Zip + 4 \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Primary Contact/Voting Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Direct Phone # or Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ Year Established: \_\_\_\_\_

Web Address: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

I am joining the Chamber for (advocacy, networking, marketing, etc.) \_\_\_\_\_

\_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

