

2016 MEMBERSHIP ENROLLMENT

Questions? Please contact the Chamber Office at 270-932-4298
or at k.henderson@greensburgonline.com
Remit Payment to: Greensburg-Green County Chamber of Commerce
110 West Court Street
Greensburg, KY 42743



Billing Information:

Name or Business Name: _____

Contact Person (if Business): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Type of Business: _____

Number of Employees: _____ (Full Time) _____ (Part Time) Annual Membership Fee: \$ _____

(See Reverse for Fee Information)

**Employees: The number of employees is defined as the number of employees or independent agents working at the business.
All businesses that employ part-time or temporary employees shall count two-part time or 2 temps as one full time employee.*

Contact Information: (If different than information above)

If your business' POC is different than the individual listed for billing purposes, please provide that information here. This is the information that will be listed with the online business/membership directory.

Contact Person (if Business): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Website Address: _____

Please make any suggestions of how the Chamber can help you in your business or our community:
