



Gibson County
Chamber of Commerce
Application for Membership
(Please Print)

Name of Business: _____

Street Address of Business: _____

PO Box #: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Web Site Address: _____

Contact Person (Name and Title): _____

Contact Person's Direct Telephone Number (if applicable): _____

Contact Person's Cellular Telephone Number (Optional): _____

Contact Person's E-Mail Address: _____

Provide a Brief History of Your Business: _____

Number of Employees: _____ What Year Was Your Business Incorporated and/or Opened?: _____

Is Your Company Minority Owned? _____ If Yes, What is The Percentage of Minority Ownership? _____

What Nationality is Your Parent Company?: _____

The Name of the Parent Company of Your Business: _____

Parent Company's Address: _____

City: _____ State/Country: _____ Zip: _____

Parent Company's Telephone #: _____

Describe Your Type of Business: (Example: Manufacturing Corporation specializing in the design and manufacturing of plastic injection molding machinery.): _____

Please Refer a Business You Feel Would Make a Good Chamber of Commerce Member:

Signature: _____ Date: _____