Name of business or organization	
Legal name (if different)	

Petersburg Chamber of Commerce, Inc. **MEMBERSHIP APPLICATION**

Box 649, Petersburg, Alaska 99833

Mission statement: The Petersburg Chamber of Commerce, representing its membership, seeks to promote a stron diversified economy and maintain a high quality of life in Petersburg through leadership, service and communications.

Form of ownership ➔	Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Non-profit ☐ Other
Name of owner(s)	
Name of Manager	
Contact person	
Business mailing address	
Physical address	
Business phone	
Business fax	
e-mail address	
web page address	
Number of employees	Full time ☐ Part-time ☐ Seasonal ☐
Primary business	
Committee interests:	☐ Economic development ☐ Tourism ☐ Membership ☐ Website ☐ Retail ☐ Events

I hereby make application for membership with the Petersburg Chamber of Commerce and do agree to conduct business & community activities in a manner that is keeping with the mission statement. I further agree to uphold & comply with the bylaws & all policies & procedures as may be implemented by the board of directors

_____ _____ _____

Authorized name (print) Authorized name (signature) Date

Office use only: $_____ received Date: _____ Check No. _____