



*Moving Business Forward*

## Application for Associate Membership

**Associate Dues: \$75.00/Year**

**Please type or print requested information.**

**Date** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Current Travel Member:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\_\_\_\_\_  
**Signature**

**We accept cash, checks (Payable to Greece Regional Chamber of Commerce)  
or credit card payment.**

**Total Amount Due \$75.00**

Cash    Check # \_\_\_\_\_    VISA    Master Card    Discover    AmEx

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_