



HICKSVILLE CHAMBER OF COMMERCE

APPLICATION FOR MEMBERSHIP 2012

Business Name: _____

Type of Business: _____

CEO / Contact Person: _____

Business Address: _____

City/State/Zip: _____

Phone #: _____ Fax: _____

E-Mail: _____ Web Address: _____

Date Business Started: _____ Number of Employees: _____

Signature: _____ Date: _____

Payment: Non-Profit \$45.00
For-Profit \$90.00

Make Payable to: The Hicksville Chamber of Commerce
P. O. Box 244
Hicksville, Ohio 43526