

2010  
MEMBERSHIP APPLICATION

I (we) hereby apply for membership in the Clarendon County Chamber of Commerce to help carry on the economic and civic growth and improvement of Clarendon County. My membership will run until written resignation is submitted and will be billed annually hereafter.

Name of Company/Business or Retired/Patron Member	
Street Address	Mailing Address
City, State, Zip	Phone Number
E-mail Address	Web Site
Type of Business	Fax Number
Name of Business Representative	Title
Associate Member	Title
Name of Sponsor	

Total Number of Employees: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Chamber Dues are payable with Application:  
\$195 for Business Representatives  
\$ 95 for each additional (Associate) Representative  
\$120 for Retired or Patron Membership  
Payment may be made by check, money order or credit card.

Credit Card Authorization:

Type of credit card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this form with your remittance to:

Clarendon County Chamber of Commerce  
19 North Brooks Street  
Manning, SC 29102