



Pawhuska Chamber of Commerce Business Membership - \$150 Annual Fee

Company Name: _____ Date: _____

Contact: ___ Mr. ___ Mrs. ___ Ms. _____ Title: _____

Type of Business: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (#1) _____ Telephone: (#2) _____ Fax: _____

Email: _____ Web address: _____

Facebook link: _____

Instagram handle: _____ Twitter handle: _____

Business Classification: _____ #FT Employees: _____

Year Business Established: _____

Days of Operation: M T W TH F S S Hours of Operation: _____ to _____

Would you like to serve on a committee or volunteer at an event? Yes _____ No _____

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May be carried in the name of the individual, company, organization, firm, partnership, or estate.***