



Pawhuska Chamber of Commerce Non-Profit Membership - \$125 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 or organization***