



## TRUMANN AREA CHAMBER OF COMMERCE

### NEW MEMBER REGISTRATION FORM

Organization (or Person) Name: \_\_\_\_\_

Organization Type: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Products/Services: \_\_\_\_\_

Owner/Local Contact: \_\_\_\_\_

Manager/Asst Manager: \_\_\_\_\_ / \_\_\_\_\_

Business (or Person) Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Local Address (if different than Business): \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone(Opt): \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_ ( ) Check # \_\_\_\_\_ ( ) Cash

Committees where you would like to serve:

MPAC (Manufacturers & Producers Advisory Council)

MAC (Merchants Advisory Council)

Wild Duck Disc Golf Tournament Committee

Wild Duck Festival Committee

Wild Duck Classic Golf Tournament Committee

*Thank you for your interest in the City of Trumann!*

*Your membership form will be processed, and you will be contacted soon.*