

## Membership Application

This form constitutes formal application for membership, with full rights and privileges, in the StrongLand Chamber of Commerce. Your membership will run from the day of application for one full year. Please make your check payable to the StrongLand Chamber of Commerce.

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Firm's Name: \_\_\_\_\_

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Principal: \_\_\_\_\_ Title: \_\_\_\_\_

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Street Address: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

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

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Web Site: \_\_\_\_\_

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Business Description: \_\_\_\_\_

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# of Employees: \_\_\_\_\_ Enclosed Fee: \_\_\_\_\_

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

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Chamber Sponsor: \_\_\_\_\_

### Send application/check to the:

StrongLand Chamber of Commerce  
1129 Industrial Park Road  
Box 10, Suite 108  
Vandergrift, PA 15690-9646

Phone: 724.845.5426  
Fax: 724.845.5428  
E-mail: [strongland@alltel.net](mailto:strongland@alltel.net)  
[www.strongland.org](http://www.strongland.org)

### Method of Payment:

Cash

Check Enclosed

Charge my VISA

Charge my Master Card

Total: \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### Membership Investment Schedule

- |   |   |
|---|---|
| <input type="checkbox"/> \$100 Individuals  | <input type="checkbox"/> \$225 26 to 100 Employees;         |
| <input type="checkbox"/> \$135 1 to 10 Employees  | <input type="checkbox"/> \$450 101 to 150 Employees         |
| <input type="checkbox"/> \$175 11 to 25 Employees,<br>Accountants, Architects, Doctors,<br>Engineers, Funeral Homes, Insurance,<br>Lawyers, Real Estate, etc. | <input type="checkbox"/> \$550 151 + Employees              |
|   | <input type="checkbox"/> \$600-\$900 Financial Institutions |
|   | <input type="checkbox"/> \$1000-2500 Major Corporations     |