



COVINGTON CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

BUSINESS NAME		BUSINESS OWNER	
TYPE OF BUSINESS			
PHYSICAL ADDRESS		P.O. BOX	
CITY	STATE	ZIP	
MAILING ADDRESS		P.O. BOX	
CITY	STATE	ZIP	
BUSINESS PHONE		CELL PHONE	
E-MAIL ADDRESS		WEBSITE ADDRESS	
NUMBER OF EMPLOYEES		FT	PT
COMPANY REPRESENTATIVE NAME (VOTING REP)			
VOTING REP. PHONE NUMBER		VOTING REP. E-MAIL	

SIGNATURE

DATE