



Membership Application

Dues are for the calendar year

Annual Membership Investment \$100
 Complete this form and mail with
 Your check or money order to:

New Kent Chamber of Commerce
 7324 Vineyard Parkway
 New Kent VA 23124-2860

BUSINESS INFORMATION

Business Name				
Mailing Address		City	State	ZIP Code
Physical Address (if different from mailing address)		City	State	ZIP Code
E-mail		Website		
Phone	Fax	Number of Employees in New Kent County Full-time _____ Part-time _____		
Business Category (select a category from the Directory tab on the Chamber website: www.newkentchamber.org/)				

PRINCIPAL CONTACT This person is the primary contact for your business and is granted access to all Chamber events for no additional fee.

Name: First	Middle	Last	Nickname
Title		E-mail	Phone

REPRESENTATIVE 1 This representative from your business is granted access to all Chamber events for no additional fee.

Name: First	Middle	Last	Nickname
Title		E-mail	Phone

REPRESENTATIVE 2 This representative from your business is granted access to all Chamber events for no additional fee.

Name: First	Middle	Last	Nickname
Title		E-mail	Phone

Questions? Call our voice mail at 804-966-8581 or e-mail us at office@newkentchamber.org. Thank you for joining the New Kent Chamber of Commerce. We look forward to seeing you and your representatives at our 6–8 p.m. meetings the third Tuesday of each month, except in December when we have our annual Christmas Party. The monthly meetings are generally located at a member's place of business. Time, place, directions, and meeting agenda are posted on the Chamber website and are sent by e-mail to all members prior to each meeting.

Applicant's signature	Referred by	Date signed
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