



**Your Invitation to Membership
in the Outer Banks Chamber of Commerce**

P.O. Box 1757, Kill Devil Hills, NC 27948 (252)441-8144
www.outerbankschamber.com



Company Name _____
Corporate Name (If different) _____
Street Address _____
Mailing Address _____
Phone _____ Fax:# _____
Website: _____ E-Mail: _____
Chief Executive Officer/Owner _____
Manager or Personal To Receive All Mailings _____
Business Classification _____

Complete those items below that are applicable to your business:

# of Employees _____	# of Licensed Professionals _____
# of Rental Units _____	# of Restaurant Seats _____

Annual Membership Invest \$ _____ (See Rate Card)
Members receive one mailing per membership. Additional mailings can be requested at \$25 per name.
Additional mailings requested _____ @ \$25 each = _____

Yes, I would like to link my website/e-mail for \$75 per year.
Website Address: _____
E-mail Address: _____

Is this an off-premise or on-premise business of another Chamber membership? Yes ___ No ___
If so, what name is that membership under? _____

Please tell us about your business in **20 WORDS OR LESS** excluding the primary company name, address and phone number. Descriptions will help us refer your business.

Our company is normally opepn from (date) _____ to (date) _____ or all year _____.
Chamber membership is automatically renewed each year unless advance written notice of resignation or cancellation is given. The Chamber calendar year is October 1st-September 30th.

Authorized Signature

Person Signing Form & Title (Please Print)

Payment Method: MC/VISA: _____ Exp. Date: _____
Send Bill To: _____

Check Has Been Mailed To OB Chamber of Commerce, P.O. Box 1757, Kill Devil Hills, NC 27948.