



**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) \_\_\_\_\_  
Physical Address of Business \_\_\_\_\_  
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 open 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: \_\_\_\_\_  
\_\_\_\_\_  
Check Has Been Mailed To OB Chamber of Commerce, P.O. Box 1757, Kill Devil Hills, NC 27948.