



MEMBERSHIP APPLICATION FORM

4555 New Texas Road, Suite D
 PLUM, PA 15239
 Office: 412-798-2300 Fax: 412-798-2400
 Email: info@plumchamber.com
www.PlumChamber.com

Business Name:			
Contact Name:	First Name	Last Name	
Title/Position:			
Mailing Address:			
Business Phone:		Cell Phone:	
Fax:			
Email Address:			
Website:			
Billing/Mailing Address: (if different than above)			
Additional Contact Name/Title:	First Name	Last Name	
Additional Contact Email Address:			
Business Description:			
Annual Dues:	(please refer to Membership Dues, please make check payable to: Plum Chamber of Commerce or call with credit card payment to 412-798-2300)		
Is your Business interested in providing Member to Member discounts? Y or N (please indicate below)			
Member discount:			
Referred by:			
Primary Interests: (please select)	Networking - Educational - Committee Involvement - Advertising - Member to Member Discounts - Chamber Insurance - Other - All the Above		
ALL INFORMATION LISTED ON THIS APPLICATION WILL BE MADE PUBLIC			
Section Below: For Plum Chamber Office use only:			
Effective Date:		Number of Months:	
Approved on Website Date:		By:	