



MEMBERSHIP APPLICATION

Date: _____

COMPANY NAME: _____ No. of Employees: _____

Main Contact Name: _____

Title: _____

Type of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alternate Phone: _____

E-Mail Address: _____ Web-Site: _____

Company Representatives for E-Mail/Mailing List

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Name: _____ E-Mail Address: _____

Return Form To:

Jessamine County Chamber of Commerce
508 North Main Street, Suite A
Nicholasville, KY. 40356

E-mail: jessaminechamber@windstream.net

Phone: 859-887-4351

Fax: 859-887-1211