



Women Embracing Business
Application for Membership

I hereby apply for membership in the Women Embracing Business affiliate of the Norfolk Area Chamber of Commerce.

Name: _____

Business: _____

Business Address (Street/PO Box): _____

(City/State/Zip): _____

Business Phone: _____

Business Fax: _____

Residence Address (Street/PO Box): _____

(City/State/Zip): _____

Residence Phone: _____

E-mail Address: _____

Birthday (month/day): _____

Whom can we thank for inviting you to join? _____

Dues: \$40.00 per year, due April 1st
Dues are prorated if joining any month other than April

Payment Enclosed: _____ Check Number

Please bill me at: _____ Business _____ Residence

If you wish to pay by Credit Card either call 402-371-4862 or email info@norfolkareachamber.com for assistance.

For Office Use Only

- Directory
- Nametag
- Billing
- Chamber Master
- General Agenda
- BOD Agenda