



NORFOLK AREA
Chamber of Commerce

Come GROW With Us

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Office Use Only		
Date Paid	_____	
CC	Ck#	_____
KT	JA	KR

Please print or type clearly to ensure your business information is listed correctly. Business name, address, phone and website will be published.

Business Information

Business Hours

Business Name or DBA _____

Primary Business Address _____

City _____ State _____ Zip _____

Mailing Address:

Same as primary

Street/PO Box _____

City _____ State _____ Zip _____

Primary Business Phone: _____

Email for General Inquiries: _____

Website: _____

Brief description of business/Date established:

What do you hope to get out of your Chamber Membership?

[Facebook](#) [LinkedIn](#) [Instagram](#) [Twitter](#)

Online Search *Key Words*

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Billing Information

Annual Investment

Subject to change

Same as mailing address

Street/PO Box _____

City _____ State _____ Zip _____

Bill to Main Contact

Name _____

Email Address _____

Phone _____

- **Visionary**\$7,000
 - **Pillar**.....\$5,000
 - **Cornerstone**.....\$3,000
 - **Foundation**.....\$1,500
 - **Builder**.....\$700
 - **Investor**.....\$325
- Cash Check
Credit Card
Total _____

Card Number _____ CVS _____

Cardholder Name _____ Exp _____

Authorized Signature _____

Main Contact

Name _____

Title/Role _____

Email _____

Secondary Contact (opt)

Name _____

Title/Role _____

Email: _____

- Paper Invoice
- Go Green (email)
- Annual
- Semi Annual