



## 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? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

**Dues: \$40.00 per year, due April 1<sup>st</sup>**  
**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](mailto:info@norfolkareachamber.com) for assistance.

**For Office Use Only**

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