



TRUMANN AREA CHAMBER OF COMMERCE NEW MEMBER REGISTRATION FORM

Organization Name: _____

Organization Type: _____

Number of Employees: _____

Products/Services: _____

Owner/Local Contact _____

Manager/Asst Manager: _____

Business Address: _____

City, ST Zip: _____

Local Address (if different than Business Address): _____

City, ST Zip: _____

Phone No: _____ Cell Phone: _____

Email Address: _____

Website: _____

Committees where you would like to serve:

MPAC (Manufacturers & Producers Advisory Council)

MAC (Merchants Advisory Council)

Wild Duck Festival Committee

Wild Duck Golf Tournament Committee

Your membership form will be processed and you will be contacted soon. Thanks!