



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 Disc Golf Tournament Committee

Wild Duck Festival Committee

Wild Duck Classic Golf Tournament Committee

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