

GRIFFIN-SPALDING CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION

Company Name: _____

Individual Name(s): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Business Category: _____

Referred by: _____

Payment Method: ___ Check Enclosed, ___ Bill Me, ___ Charge My Card

Visa/MC/AMEX: _____ Expiration: _____

Please return completed form to:

Griffin/Spalding Chamber of Commerce
P.O. Box 73, Griffin, GA 30224
(770) 228-8200; (770) 228-8031 Fax
griffinchamber@cityofgriffin.com

