



MEMBERSHIP APPLICATION

BUSINESS/ORGANIZATION NAME: _____

PHYSICAL ADDRESS: _____

MAILING, IF DIFFERENT: _____

OFFICE PHONE: _____ CELL PHONE: _____

#EMPLOYEES: _____ BUSINESS CATAGORY: _____

PRIMARY CONTACT NAME: _____

PRIMARY CONTACT EMAIL: _____

PRIMARY CONTACT PHONE: _____

BILLING CONTACT NAME: _____

BILLING CONTACT EMAIL: _____

BILLING CONTACT PHONE: _____

WEBSITE: _____

SOCIAL MEDIA HANDLES: _____

SIGNATURE: _____

DATE: _____

INVESTMENT LEVEL: _____

RIBBON CUTTING: Y OR N

TOTAL SUBMITTED: _____

MEMBERSHIP@STATESBOROCHAMBER.COM

912-764-6111



Our Mission: The mission of the Statesboro Bulloch Chamber of Commerce is to advance business success.

Our Vision: Creating the most prosperous place for the greatest number of citizens.

Member Code of Conduct

As a Member of the Statesboro Bulloch Chamber of Commerce, I recognize that membership is a privilege and that a membership brings with it the responsibility to assure that all members understand and commit to the following code of conduct.

The code of conduct shall, without limitation, require members and all participants of Chamber sponsored programs, events, and initiatives to:

1. Refrain from publicly disparaging the business practices of fellow members and refrain from condoning or engaging in misrepresentation or unethical practices.
2. Conduct business and professional activities in a reputable manner so as to reflect honorably upon the business community and fellow Chamber members.
3. Respect the reputation, profile, and status of the Statesboro Bulloch Chamber of Commerce, and represent the Chamber accordingly.
4. Understand, support, and promote the Mission of the Statesboro Bulloch Chamber of Commerce and cooperate with fellow members in the application of this Code of Conduct.
5. Whenever reasonably possible, participate in the functions and activities of the Chamber, and promote the enhancement of business growth within Bulloch County.
6. Observe the highest standards of ethics in rendering services and/or offering products for sale, based on the members' own knowledge and expertise.
7. Refrain from engaging in any practices prohibited by law or seeking unfair advantage over fellow members and conform to all laws established by Municipal, State and Federal governments for the control of said business, where applicable.
8. Respect the role of the Chamber staff.

SIGNATURE: _____

DATE: _____



CREDIT CARD AUTHORIZATION FORM

BUSINESS/ORGANIZATION NAME: _____

CARDHOLDER NAME: _____

CARD BILLING ADDRESS: _____

BILLING PHONE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

CSV: _____

AMOUNT TO CHARGE: _____

SIGNATURE: _____

DATE: _____