

# Tonopah Chamber of Commerce

## Membership Application

Name of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Services offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Hours: \_\_\_\_\_ Days of the week: \_\_\_\_\_

Is your business seasonal? Yes No

If yes, when is your business open? \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and the Member Survey along with  
your check made payable to Tonopah Chamber of Commerce.  
Thank you for your support!**