



Fawnskin Chamber of Commerce
Membership Application

DATE: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CONTACT NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE 1: _____ PHONE 2: _____

CELL: _____

FAX: _____

EMAIL: _____

WEB ADDRESS: _____

**PLEASE INDICATE ANY OF THE ABOVE AREAS WHICH YOU DO NOT
WISH PUBLISHED ON THE FAWNSKIN CHAMBER WEBSITE**

ANNUAL DUES ARE \$50 PER COMPANY, INDIVIDUAL, OR COUPLE.

PLEASE MAKE YOUR CHECK PAYABLE TO:
FAWSKIN CHAMBER OF COMMERCE, INC.

MAIL YOUR CHECK AND THIS FORM TO:
FAWSKIN CHAMBER OF COMMERCE, PO Box 471, FAWNSKIN, CA 92333