



**Byrdstown-Pickett County Chamber of Commerce**

1005 Livingston Hwy, PO Box 447, Byrdstown, TN 38549

[www.dalehollow.com](http://www.dalehollow.com); [dalehollow@twlakes.net](mailto:dalehollow@twlakes.net)

Office: (931) 864-7195

**2023 MEMBERSHIP APPLICATION**

**MEMBERSHIP INFORMATION**

**Company Name** \_\_\_\_\_

**Marketing Name (for print/web collateral)** \_\_\_\_\_

**Number of Employees** \_\_\_\_\_ **Year Established** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Company Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Web/Social Media Link(s):** \_\_\_\_\_

**Company Email** \_\_\_\_\_

**Business Description (Include on an additional sheet please and email an image for the web)**

**MAIN REPRESENTATIVE**

**Mr.** \_\_\_\_\_ **Mrs.** \_\_\_\_\_ **Ms.** \_\_\_\_\_ **Dr.** \_\_\_\_\_ **Other** \_\_\_\_\_

**Title** \_\_\_\_\_ **Email** \_\_\_\_\_

**Representative Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Mailing address (if different from street address above)**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Other Billing Contact** \_\_\_\_\_

**Address** \_\_\_\_\_

**TOTAL CHAMBER INVESTMENT**

**Please select one of the membership options below:**

_____	\$ 50	Non-Profit Organization
_____	\$ 50	Private Membership (add \$10 for Spouse)
_____	\$ 100	Small Business
_____	\$ 100	Accommodations
_____	\$ 1000	Marinas & Resorts
_____	\$ 1000	Utility Corporative
_____	\$ 1000	Bank
_____	\$ 500	Manufacturing
_____	\$ 250	Property Developer
_____	\$ 250	Real Estate
_____	\$ 100	Insurance
_____	\$ 500	Medical Center
_____	\$ 1000	Hospital

**AREAS OF INTEREST**

Marketing/Advertising	Agri-Tourism
Leadership Program	Grants
Economic Development	Small Business Workshops
Conferences	Volunteer

**PAYMENT**

_____	Check No.	_____	Amount	_____	Payable to BPC Chamber
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**FOR BPCCC USE ONLY**

**Business Category:** \_\_\_\_\_

**Notes:** \_\_\_\_\_