



**St. John Valley Chamber of Commerce and Tourism
2024 Membership Application**

◆ General Information: *All sections must be completed*

Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Street Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

of local employees: Full time _____ Part time _____

Company E-mail for inquiries from the public

Website: _____

Facebook.com/ _____

Employee to be listed in our Membership Directory and website

Main Contact: _____

Title: _____

Contact E-mail _____

Business/Organization Category:

Primary: _____

Billing Contact if different: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

What are the three most important things that the Chamber can do for you?

Contact Names: Titles & E-mail for newsletter mailings event info & updates on Chamber programs

1) _____

2) _____

Contact E-Mail address to be used only by the Chamber to contact your business

Days & Hours of Service: _____

Business Description: 25 words or less to be printed in our Membership Directory and on our website.

Remember: Send your events, ribbon cuttings, anniversaries or promotions to the Chamber for promotion to entire membership and media outlets.

Make checks payable to: St. John Valley Chamber of Commerce
Please return payment with application to:
St. John Valley Chamber of Commerce, 356 Main Street, P.O. Box 144, Madawaska, ME 04756
PH: 207.728.7000 ◆ E-Mail: Info@stjohnvalleychamber.org