

Membership Application

Hillsboro Chamber of Commerce

Hillsboro Chamber of Commerce is working to unite the community of Hillsboro in order to promote the city and area more broadly than any one business or industry could on its own. The partnership of businesses, professional people, and citizens provides effective leadership to enhance business and quality of life.

Date _____

BUSINESS INFORMATION

Business Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____

Billing address (if different): _____

Business Phone: _____ **Business Fax:** _____

Business Email: _____

Website: _____

Type of Business: _____

Number FTE (FTE - Full Time Equivalent Employees): _____

MAIN REPRESENTATIVE

Name: _____

Title: _____

Address (if different): _____

Phone (if different): _____

Fax (if different): _____

Rep Email: _____

SECONDARY REPRESENTATIVE

Name: _____

Title: _____

Address (if different): _____

Phone (if different): _____

Fax (if different): _____

Rep Email: _____

BUSINESS DESCRIPTION

Please provide a brief description (up to 75 words). Tell us about your business.
This information will be used for publication and reference to answer calls about your business.

**Thank you for your membership in the Hillsboro Chamber of Commerce.
Your investment in the chamber and the community make a difference.**