



2020 Membership Application

Name of Individual, Company/Organization:

Contact Person: _____

Telephone No. ____/____/_____ Fax No. ____/____/_____

E-mail address: _____

Tax ID# if applicable _____

YES! Please send me updates and newsletters.

Your web address: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Number of Full-time employees: _____ Part-time employees: _____

Describe your company/organization (this information will be used in the Chamber newsletter and website):

The mission of the Holly Springs Chamber of Commerce is to promote, improve and support the Holly Springs community as an outstanding place to live, work and do business.