



Chamber Connections Networking Group Membership Application

Representative's Name: _____

Position or Title: _____

Are you a Chamber member and if so when does your membership renew? _____

Company Name: _____

Business Category: _____

What is a good referral / strategic partner for your business? _____

Business Address: _____

City and Zip Code: _____

Mobile Phone: _____ Office Phone: _____

OK to send text messages? Yes No

Email Address: _____ Website: _____

Alternate Representative (if any): _____

Would you be interested in serving on the leadership team of Chamber Connections? _____

Members of Chamber Connections Networking Group must be members in good standing of the Lewisville-Clemmons Chamber of Commerce. By signing below, you are acknowledging acceptance of the networking group guidelines and declaring your interest in actively participating in the group.

Applicant Signature: _____ Date: _____

Accepted as member: _____ Date: _____

___ Forwarded to VP of Networking / Date: _____