



# SOUTH CAROLINA CHAMBER *of* COMMERCE

# MEMBERSHIP APPLICATION

Company Name: *(as it should be listed in our online and printed directory)*

Company mailing address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web site address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Number of South Carolina Employees: full time \_\_\_\_\_ part time \_\_\_\_\_

Other South Carolina Locations?  Yes  No

If yes, please list other location cities: \_\_\_\_\_

Area of interest to your organization (Please check all that apply):

Legal

Environmental

Tax/Finance

Employee Benefits

Employee Relations

Human Resources

Safety and Security

Education

Community & Public Relations

Legislation & Government Affairs

**Other contacts:** *(HR Manager, Plant Manager, Communications, etc.)*

Name/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Application completed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications for Membership: Any individual, firm, corporation, partnership or association who is supportive of the general purposes and policy statements adopted by the Board of Directors is eligible for membership in the Chamber.

Suggested membership investment amount may vary based on organization size and industry. For more information, contact our membership relations staff .

Fax to: S.C. Chamber of Commerce (803) 343-5884

Attention: Membership Relations