



**Fawnskin Chamber of Commerce**  
*Membership Application*

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

CELL: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

**PLEASE INDICATE ANY OF THE ABOVE AREAS WHICH YOU DO NOT  
WISH PUBLISHED ON THE FAWNSKIN CHAMBER WEBSITE**

ANNUAL DUES ARE \$50 PER COMPANY, INDIVIDUAL, OR COUPLE.

PLEASE MAKE YOUR CHECK PAYABLE TO:  
FAWSKIN CHAMBER OF COMMERCE, INC.

MAIL YOUR CHECK AND THIS FORM TO:  
FAWSKIN CHAMBER OF COMMERCE, PO Box 471, FAWNSKIN, CA 92333