



Greater Columbus Georgia Chamber of Commerce
 1200 6th Avenue • P.O. Box 1200
 Columbus, GA 31902-1200
 www.columbusgachamber.com
 706.327.1566



Application for Membership

Business Name _____

Physical Address _____

Mailing Address _____

Phone _____ Fax _____

General Business Email _____ Website _____

Number of Employees: Full Time _____ Part time _____

Business Category _____

Minority owned Business? Yes No Minority Type: _____

Contact Information

Main Contact: (Mr. Ms. Dr.) _____

Title _____ Email _____

Phone _____

Preferred form of communication: Email Fax Is this person the Billing contact? Yes No

Additional Contact

Name: (Mr. Ms. Dr.) _____

Title _____ Email _____

Phone _____

Preferred form of communication: Email Fax Is this person the Billing contact? Yes No

Account Information

Annual Investment \$ _____

Payment Method

Check # _____ Credit Card: Visa MasterCard American Express Cash: _____

Credit Card Account # _____ Exp _____ V-code _____

Signature _____

Please contact us at 706.327.1566 for Membership level options.