



Membership Form

Business Name: _____

Owners Name: _____

Representatives Name: _____

Type of Business: _____

Business Address: _____

Business Mailing Address: _____

Business Phone / Alternate Phone: _____

Email Address: _____

Website URL: _____

Description of business: _____

Membership includes:

Web page listing

Business Directory Listing

Full Voting Rights

Business Referrals

Business Credibility

Membership Window Decal

Business Networking

Community Interaction

Business Education

Newsletter

Dues: \$100.00 Brick & Mortar, \$50.00 Home based Business or \$25.00 Charity/Non-Profit

Office Use Only Below

Application Date: _____

Paid Date: _____ Check # _____ Payment Due at time of application.

STAR Chamber of Commerce
PO Box 72 Star, ID 83669 208-908-5476