



# STAR CHAMBER OF COMMERCE

## 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:** \$50.00 Home based Business or \$100.00 Brick & Mortar

### 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