

**Owen County Chamber of Commerce  
Membership Application**

Firm Name (DBA Name) \_\_\_\_\_

Management Representative Name \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

Secondary e-mail address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

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