

**Prairie Grove Chamber of Commerce
P.O. Box 23
Prairie Grove, AR 72753
479-846-2197**

Date: _____

Annual Membership Dues (January – December)

Please check the item that describes your membership request:

_____ Individual Membership/Non-Profit Organizations (\$30.00)

_____ Commercial/Industrial; one to five employees (\$95.00)

_____ Commercial/Industrial; six to nineteen employees (\$145.00)

_____ Commercial/Industrial; twenty or above employees (\$250.00)

MEMBERSHIP REGISTRATION

Official Name _____

Membership Mailing Address _____

City, State, Zip Code _____

If Commercial/Industrial or Non-profit, designate the individual authorized to represent and vote for the membership _____
_____.

Address all mail and telephone calls for this membership to:

Name _____ **Phone** _____

Email _____

Membership Benefits: Monthly ad in the Prairie Grove Enterprise with a featured business each month; Included in member listing on the Chamber website; Link from our website to yours; Grand Opening Assistance; Monthly luncheon, interact with other members and usually a guest speaker or program; Relocation information; Information Center and Research.

Please print and mail this form with check made payable to Prairie Grove Chamber of Commerce to the address in the heading of this form.