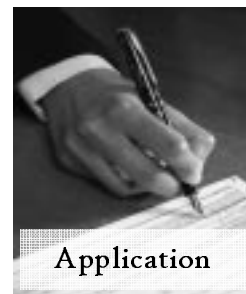


Bardstown-Nelson County
Chamber of Commerce
Membership Application



*Please accept our firm as a member of the Bardstown-Nelson County Chamber of Commerce.
Information below is for official Chamber records and other promotional uses.*

Firm Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email me at: _____

Website: _____

The Chamber of Commerce will provide a free link from the Chamber website to your website.

Telephone _____ **Fax** _____

Representatives: Name _____ **Title** _____

Name _____ **Title** _____

Type of Business _____

Number of Employees: Full Time _____ **Part Time** _____ **Total** _____

Business Hours: Weekdays _____ **Weekends** _____

Special Services Offered: _____

Signature _____ **Date** _____

Information provided will be used to establish a basic business record. Although membership information other than name, representatives, location information and business type is confidential, the Chamber staff can best serve you by having accurate and complete information. Please complete and return to: **Bardstown-Nelson County Chamber of Commerce, One Court Square, Bardstown, KY 40004.** Call (502) 348-9545 if you have any questions.

Thank You.

INVESTMENT DUES RECEIVED: _____ **CONTACTED BY:** _____