

# Laurinburg/Scotland County Area Chamber of Commerce Membership Application

**Business/Organization Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

City State Zip

**Mailing Address**  
**(if different than street address)** \_\_\_\_\_

City State Zip

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Website** \_\_\_\_\_

**Number of Full-time Employees** \_\_\_\_\_

**Nature of Business/Organization** \_\_\_\_\_

**Chamber Investment** \$\_\_\_\_\_/year

*Please review the Investment Schedule or call for more information*

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

*Membership investment in the Chamber may be tax deductible as an ordinary and necessary business expense.  
Dues are not a charitable tax deduction for federal income tax purposes.*



*"A Link to the Future"*