

Cross Plains Community Chamber P.O. Box 162 Cross Plains, TN 37049

Membership Application

Name or Company Name _____

Phone or Office Phone _____ Website _____

Email Address _____

Social Networking Facebook _____ X _____ Instagram _____

Physical Address _____

City/State/Zip _____

Mailing Address (if different from physical) _____

City/State/Zip _____

*I accept your invitation for membership in the Cross Plains Community Chamber. **Membership runs from January 1, 2024 to December 31, 2024. Send application with payment to above mailing address.***

Signed _____ Date _____

Member Level	Number of Employees	Annual Dues
<input type="checkbox"/> Small Business	1-10	\$45.00
<input type="checkbox"/> Large Business	10 & up	\$65.00
<input type="checkbox"/> Non-profit, church, farm, public officials		\$40.00
<input type="checkbox"/> Individual		\$25.00