



## Membership Application

Thank you for your interest in becoming a member of The Pikesville Chamber of Commerce. Please fill out this application and mail it with your membership dues to the address below. We look forward to your involvement.

Please Print:

Firm name: _____	Brief Description of your Business
Type of Business _____	_____
Representatives: _____	_____
Business Address: _____	_____
City, State, Zip: _____	_____
Phone: _____	_____
Fax: _____ Email: _____	_____
Web: _____	_____

Additional Listings (please list firm name, contact person, address and phone): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Membership Type:** *please check one*

- Business: \$200** – Allows 2 representatives to attend meetings at the member price. Your listing in the Chamber Directory and on the Website with direct link to your web site.
- Non-Profit: \$150** – Allows 2 representatives to attend meetings at the member price. Your listing in the Chamber Directory and on the Website with direct link to your web site.
- Additional Directory Listings: \$75.00 each** – Allows additional locations of a business to join at a reduced cost.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Email, mail or fax your application to:

**Pikesville Chamber of Commerce**  
7 Church Lane, Suite 14, Pikesville, Maryland 21208  
410-484-2337 fax 410-484-4151  
[info@pikesvillechamber.org](mailto:info@pikesvillechamber.org)  
[www.pikesvillechamber.org](http://www.pikesvillechamber.org)