



MEMBERSHIP APPLICATION

The information you provide below will be added to our member database and will be available at www.BaldHeadIsland.org.

Business Name _____ Date _____

If company name on payment check will differ from above name, please note here (for example, if the check will come from a corporate office with a different name) _____

Address to be listed on Website: _____

City: _____ State: _____ ZIP: _____

Billing Address: (if different from above) _____

Contact Person: _____ Title: _____

Company Phone: (____) _____ Fax: (____) _____ Mobile: (____) _____

Email: _____

Company Web Address: _____

Type of Business (Please provide brief description) _____

**Annual Membership Dues: \$275 for businesses (\$250 for founding member businesses);
\$175 for individuals (\$150 for founding member individuals).**

Membership year runs July 1 to June 30.

Upon receipt of your membership application, an invoice for dues will be emailed to you.

Please indicate membership category:

Business _____

Individual _____

Your membership investment is a deductible business expense. Consult your tax advisor for details.



Bald Head Island Chamber of Commerce - PO Box 3361 - Bald Head Island, NC 28461

info@baldheadisland.org