

HOLIDAY ISLAND CHAMBER OF COMMERCE

P. O. Box 3152

Holiday Island, Arkansas 72631

Phone: 800-437-3007/479-253-2242

Membership Application

The purpose of the **Holiday Island Chamber of Commerce** is to promote the growth of business in our community and our Chamber welcomes both organizations and residents who share this goal. Your membership certificate will be issued to the exact name listed below – Organization or Resident name. This membership application and the required non-refundable dues for this date through December 31st of the current year must be submitted for each organization or resident membership.

Business membership dues are \$100.00 per year, which may be paid semi-annually.

Non Business and non-voting associate membership dues are \$25.00 per year.

In order for the Chamber to fully understand your business interests, please answer the following questions:

Organization or Resident Name: _____
Address: _____
Phone Number: _____ Fax#: _____ Contact Person: _____
Email Address: _____ Website: _____
Services Provided: _____
Career skills that I would be willing to utilize to assist the Chamber: _____

I would participate in the following committees:

Public Relations _____ Membership _____ Special Events _____
Advertising _____ Community Awareness _____ Website _____

I may be interested in a future position as a Director _____

I may be interested in having a link to the Chamber's Website _____

I recommend that you contact the following person or organization for membership:

Name: _____ Phone: _____

I confirm that I am not conducting an illegal business according to the laws of the state of Arkansas. I understand that membership will be for a minimum of this date through December 31st of the current year and shall continue on the above basis until cancelled by notice in writing by the Board of Directors due to non-payment of dues, conduct unbecoming a member or prejudicial to the aims or repute of the Chamber after notice and opportunity for a hearing are afforded the member complained against, or by death, dissolution or removal of member from conducting business through the organization or residents in the vicinity of Holiday Island, Arkansas. I acknowledge that all of the information in the application is true. Further, I understand that upon approval of the Board of Directors, my check will be deposited signifying membership. Thereafter, annual dues are renewable on January 1st.

Signature: _____ Date: _____