

# Tinian Chamber of Commerce

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## 2010 Membership Application

Name of applicant:	
Form of business: __ Sole Proprietorship   __ Partnership   __ Corporation   __ LLC	Date business opened:
Business physical location: (Village)	Type of business:
Business address:	Telephone number(s):  Fax number:
E-Mail address: <i>(please PRINT CLEARLY...this is how we send you information)</i>	
Official representative to Chamber:	Professional title:
Number of employees: Fulltime: _____ Part time: _____	
Please describe your business' activities:	
Please indicate committee(s) on which you would like to participate: __ Armed Forces   __ Education   __ Events   __ Tourism/Gaming __ Government Relations/ Economic Development   __ Agriculture	
Signature of Applicant:  <b>I (Print name) _____ certify that all information on this form is correct, and that I have read and understand the Bylaws of the Tinian Chamber of Commerce and agree to comply with them.</b>  <p style="text-align: right;">_____ Signature &amp; Date</p>	