

Cambridge City Area Chamber of Commerce

Membership Form

Company Name _____

Mailing Address _____

Phone: _____ Mobile: _____

Contact: _____

Email: _____

Website: _____

DUES: \$75.00 / year

Make checks payable to:

Cambridge City Area Chamber of Commerce

PO Box 206

Cambridge City, IN 47327

Please use the enclosed invoice for your records.

Thank you for supporting your local Chamber!