

MEMBERSHIP APPLICATION



CHAMBER OF COMMERCE

OWEN COUNTY, KENTUCKY

Business Name _____

Business Representative Name _____

Title of Representative _____

Mailing Address _____

Phone Number Fax Number _____

Primary Email Address _____

Secondary Email Address _____

Website or social media link to be listed on the Chamber's website (limited to only one)

Description of Business _____

Year Established _____ Number of Employees _____

Authorized Signature and Title _____

Date _____ Amount Paid _____

Mail completed application and payment to:

Owen County Chamber of Commerce

P.O. Box 474

Owenton, KY 40359