



PO Box 489
Cotter, AR 72626

APPLICATION FORM

Thank you for your interest in the Cotter-Gassville Chamber of Commerce. If you want to join, print this form, fill it out, attach your check (with your business card if applicable) and mail it to the above address.

Annual Membership Dues (January – December)

Please check applicable block:

- Corporation/LLC \$80.00
- Churches/Non-profits \$40.00
- Sole Proprietorships \$40.00
- Individuals \$20.00

Your Name: _____ Date: _____

Business Name: _____

Address: _____ PO Box (if applicable) _____

City: _____ State: _____ Zip Code: _____

Business Phone # _____ Home Phone # _____

Your Web Site URL: _____

Please note: After your application is received, you will be contacted with instructions for submitting a short bio narrative about your business, your organization or about yourself to be featured on the website. We will also need a jpg file with your logo or business card. If you have any questions, **our email address is: CotterGassvilleChamber@gmail.com**.

Our meeting dates, times and locations are announced on the Calendar tab of our web site www.CotterGassvilleChamber.com.