

Vienna Chamber of Commerce
Enrollment Form
2011

Business _____

Address _____

Phone No. _____

Contact Person _____

Email Address _____

Would you like your website to be linked to the Business Directory?

_____ Yes

_____ No

*If Yes, what is your website address _____

Mail this form and a \$30 check to: Vienna Chamber of Commerce
PO Box 672
Vienna, MO 65582

Chamber to Complete

Dues paid ___ Y ___N

Paid By Ck.# _____ Cash _____