



P.O. Box 141 • McConnellsburg, PA 17233 • Phone: 717-485-4064 • Fax: 717-325-0023 • www.fultoncountypa.com

MEMBERSHIP APPLICATION

Includes Membership in Fulton Industrial Development Association

New Member

Current Member Renewal
(Consecutive Year Member)

Was a Member-Renewing
(Not a prior Year Member)

Business / Organization Name: _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Cell: _____

Company E-mail: _____ Web Address: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact e-mail: _____

Additional Contact Name: _____ Title: _____

Add'l Contact Phone: _____ Add'l Contact e-mail: _____

Of Employees: _____ Business Type _____ Membership Type (**please circle applicable below**)

INDUSTRIAL	COMMERCIAL BUSINESS	OTHER
(Manufacturing, Media, Contractors, etc.)	(Banks, Auto Dealers, Real Estate, Insurance, Retail Merchants, Restaurants, Education, Healthcare)	
# Employees:	# Employees	
1 – 15 \$130	1 – 5 \$130	Professionals \$130 (Doctors, Dentists, Lawyers, CPAs, etc)
16 – 25 \$155	6 – 10 \$155	Special Memberships \$ 90 (Family Farms, Government Agencies, Home Party Consultants)
26 – 75 \$180	11 – 20 \$180	Community, Civic & Church Organizations, \$ 60 Individuals
76 – 100 \$205	21 – 30 \$205	
101 – 250 \$305	31 – 50 \$255	
251 & up \$555	51 & up \$305	

Please Note: Membership Fee INCLUDES meal for ONE person at the Monthly Membership Luncheon.

(Additional meals may be purchased at the luncheon for \$6.00 per person or we can bill you.)

Chamber/Tourism Membership \$ _____
Please reference above categories

TOTAL AMOUNT ENCLOSED \$ _____

This application also serves as your invoice. Remember to make a copy for your records.

Make check payable and mail to:

Fulton County Chamber of Commerce & Tourism,

201 Lincoln Way West, Suite 101, McConnellsburg, PA 17233

If you have questions, please contact us at (717) 485-4064 or info@fultoncountypa.com

Office Use Only: Revised 12/2011

Certificate/Plaque: _____ Accounting: _____ Website: _____ Email: _____ Renewal Month: _____

Payment Date: _____ Payment Amount: _____ Check #: _____