



Membership Application

Business Name: _____

Contact Person: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Type of Business: _____

Number of full-time employees: _____

Brief Description of Business: _____

Please note: Membership dues run from January 1st through December 31st. New member dues will be prorated.

Make check payable to Lillington Chamber of Commerce and mail to:

Lillington Chamber of Commerce
PO Box 967
Lillington, NC 27546

We also accept Visa & MasterCard