



Membership Investment Pledge

BUSINESS NAME: _____

ADDRESS FOR COMMUNICATION AND BILLING: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____ E-MAIL: _____

WEBSITE: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: FT: _____ PT: _____

ANNUAL INVESTMENT: _____

AMOUNT REMITTED: _____

INVESTMENT RENEWED ANNUALLY: JANUARY: _____ or JULY: _____

AUTHORIZED SIGNATURE: _____

CONTACT PERSON: _____ (Print)

DATE: ____/____/____

Please return this membership investment pledge with payment to:

Alleghany Highlands Chamber of Commerce and Tourism

110 Mall Road, Covington, VA 24426

Phone: (540) 962-2178 Fax: (540) 962-2179

info@ahchamber.com