



# CHAMBER OF COMMERCE

Company Name \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- 2018 Membership (\$15.00) \_\_\_\_\_
- 2019 Membership (\$25.00) \_\_\_\_\_
- 2018 Spooktacular Sponsorship (\$25.00) \_\_\_\_\_

-OR-

- 2018-2019 Membership &  
2018 Spooktacular Sponsorship  
Value Package (\$50.00) \_\_\_\_\_

Total: \_\_\_\_\_

Please mail payment to:  
Mammoth Spring Chamber of Commerce  
PO Box 1  
Mammoth Spring, AR 72554