

Scottsville Community Chamber of Commerce

PO Box 11, Scottsville, VA 24590

MEMBERSHIP FORM

You Can Also Join/Renew Online At: www.svillechamber.org

Business Name: _____

Contact Person: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mail Address (If Different): _____

Business Telephone: _____ Cell Phone: _____

Email: _____

Website: _____

Number of Employees: _____

Type of Business: _____

DUES SCHEDULE

Student:	\$20	1-2 Employees:	\$60
Individual:	\$40	3-10 Employees:	\$80
Non-Profit:	\$50	11-19 Employees:	\$100
Self Employed:	\$50	20+ Employees:	\$150

Enclose check and mail to:

SCCC, PO Box 11, Scottsville, VA 24590