

DUCK CREEK CHAMBER MEMBER APPLICATION

www.duckcreekvillage.com
membership@duckcreekvillage.com



Business member information *Your info displayed and visible on the website*

Business Name:

Location Address:

Email: **Phone:**

Website:

Billing Information

Contact:

Address:

Email: **Phone:**

REQUIRED INFO: *STR's required to submit

License / Type /County	License number	License Expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured / Bonded

Insurance Company Name	Policy number	License Expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Fee: \$300.00
*Calendar year

Make checks Payable to:
Duck Creek Chamber
HC 82 Box 1071
Duck Creek Village UT 84762

OR

**Make Online
Payment
with QR Code**



_____ **Date** _____

Applicant Signature

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from Chamber Marketing.

----- **Internal Office Only** -----

Logo Received **Proof of lic. Received** **Proof of Ins. Received**

Payment Received: **Date of payment:** _____ **Through:** _____

Chamber Secretary Signature _____