



BAYVILLE

CHAMBER OF COMMERCE

Your Bridge To Business Success

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TREASURER

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Renewal of Membership 2012

Name: _____

Address: _____

Phone: _____

Email: _____

Business Name: _____

Business Phone: _____

I AGREE TO ABIDE BY ALL BY-LAWS AND CONDUCT MY BUSINESS IN A
PROFESSIONAL MANNER AT ALL TIMES.

SIGNATURE _____ DATE _____

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

THANK YOU

OFFICE INFORMATION

DATE PAID _____ AMOUNT _____ CK# _____ CASH _____

TREASURER _____ DATE: _____