



Invitation to Membership

We accept the Chamber's challenge to make the Grady County area a better place to do business and a better place to live. So we subscribe _____ as our annual fair investment in this important program. Investments are payable in advance.

Name of Business:	
Representative:	
Title:	
Address:	
Number of Employees:	
Type of Business:	
Telephone:	
Sponsor:	
E-mail address:	
Signature:	Date:
Classifications A- Amusement, Entertainment, Service B- Auto Dealers – New & Used C- Construction, Real Estate Development D- Farming E- Financial F- Hospital, Nursing, Home & Motel G- Individuals H- Professional (Doctor, Attorney, CPA) I- Radio, TV, Newspaper, Corporate Headquarters, Manufacturing, Processing, Transportation J- Real Estate, Insurance K- Restaurants L- Retail M- Wholesale / Distribution N- Utilities & Government Agencies O- Business located out of Grady county with no local office Your classification:	
Please bill us: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Bank draft	

Remit with payment to: Cairo-Grady County Chamber of Commerce PO Box 387 Cairo GA 31728