



HOME-BASED BUSINESS CHAMBER OF COMMERCE
Bring Your Business Out of the Closet...Literally!

Chapter Application

Chapter Name: _____

Organizer/President: _____

Official Mailing Address: _____

City: _____ St.: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Chapter officers/Board *(if applicable at time of application)*:

Secretary Name & Address: _____

Treasurer Name & Address: _____

You may submit this application by MAIL to P O Box 751984, Memphis, TN 38175; EMAIL to info@homebasedbusinesschamber.com; or FAX to 901-590-2414.

FOR NATIONAL USE

Date Received: _____

Approved: _____ Launch date: _____

Denied: _____, reason _____

Initials: _____