



# Port Deposit Chamber Membership Form

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Business POC – First and Last Name**

\_\_\_\_\_  
**Business POC - Phone**

**Business Details**

\_\_\_\_\_  
**Business Phone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Website**

\_\_\_\_\_  
**Physical Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP Code**

\_\_\_\_\_  
**Occupation/Business Type**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Business Social Media**

\_\_\_\_\_  
**Business Social Media**

Please submit form and payment to “Port Deposit Chamber of Commerce”  
PO BOX 186 Port Deposit, MD 21904  
You may also submit membership form and payment on our website – [www.portdepositcc.org](http://www.portdepositcc.org)