

Program Interest Form

(Please type or print)

Do you prefer to me	eet in the \square morning, \square afterno	on, or ☐ evening?
	ed in joining a particular group, p	lease indicate the group
2. IF you are intereste here ☐	ed in becoming a member of a <u>N</u>	EW group please check
General Information		
Name:		
Title:		
Company:		
Telephone Number:		
E-mail address:		
# of years served in cu	irrent position:	
# of years served with	the company:	
Company Information	<u>1</u>	
Type of business:		
Date Company establis	shed:	
Number of employees:		Briefly
describe your company	y's products and/or services:	

Information provided will be reviewed to determine eligibility and appropriate group placement options. Please e-mail the completed application to Amanda Bergmann at abergman@dacc.org.

Chamber program fees are deductible as a business expense, not as a charitable contribution.