

Franklin-Simpson Chamber of Commerce
Membership Application:

BUSINESS NAME:

CONTACT PERSON:

BUSINESS ADDRESS:

MAILING ADDRESS:

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

NUMBER OF EMPLOYEES: _____

SERVICES OFFERED: _____

Mail To:
F-S Chamber of Commerce
201 S. Main St.
P.O. Box 513
Franklin, KY 42135-0513