



**MEMBERSHIP APPLICATION**

**Date:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **No. of Employees:** \_\_\_\_\_

**Main Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Type of business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Web-Site:** \_\_\_\_\_

**Company Representatives for E-Mail/Mailing List**

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Are you a UnitedHealth Care participant? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, who is your insurance agent? \_\_\_\_\_**

**Return Form To:**  
Jessamine County Chamber of Commerce  
508 North Main Street, Suite A  
Nicholasville, KY. 40356  
E-mail: [info.jessaminechamber@windstream.net](mailto:info.jessaminechamber@windstream.net)  
Phone: 859-887-4351  
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