

# 2025 MEMBERSHIP APPLICATION



DATE \_\_\_\_\_



## 2025 MEMBERSHIP DUES

## \$150

### MEMBER INFORMATION

**Please fill out the following form with your information**

NAME

COMPANY/BUSINESS

\_\_\_\_\_

ADDRESS

EMAIL ADDRESS

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

Please make check payable to:  
**Aspinwall Chamber of Commerce**

WEBSITE ADDRESS

WORK NUMBER

\_\_\_\_\_

Mail or deliver this application with your check to:

Giuseppe Francioni  
PIAZZA DAVINCI  
334 First Street  
Aspinwall, PA 15215

412.719.7093

giuseppe@aspinwallchamber.com

BUSINESS CATEGORY (PLEASE SELECT ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> FOOD & BEVERAGE       | <input type="checkbox"/> COMMUNITY AFFAIRS |
| <input type="checkbox"/> PROFESSIONAL SERVICES | <input type="checkbox"/> MERCHANTS         |
| <input type="checkbox"/> WELLNESS              | <input type="checkbox"/> HEALTH & FITNESS  |
| <input type="checkbox"/> BEAUTY & SALON        |  |

**Our mission** is to stimulate a vibrant local economy and help make Aspinwall a very special place to live, work and visit.