Chamber Membership Application

Name of Business/Organization: _____

Name & Title of Primary Representative: _____

Email Address: _____

Phone: _____ Fax: _____

Website: _____

MAILING ADDRESS:

Street:

_____

Address Line 2:

_____ City:

_____ State: _____ Zip: _____

PHYSICAL ADDRESS ***(If different from mailing address)***

Street:

_____

Address Line 2: _____

City: _____ State: _____ Zip: _____

MEMBERSHIP CATEGORY

- ☐ $100 Individual *(An individual who works for a member or non-member firm, or an individual not employed by a business or profession)*
- ☐ $100 Churches, Clubs, Charitable Organizations
- ☐ $150 Business, Home-Based, 1 Owner, 1-5 Employees
- ☐ $200 Business, 5-25 Employees
- ☐ $300 Business, 26-50 Employees
- ☐ $500 Business, 51-100 Employees
- ☐ $550 Business, 101+ Employees
- ☐ $500 Utilities, Financial Institutions, Schools
- ☐ $20 School Employees
- ☐ $15 Students
- ☐ FREE Retired Individuals

_____ _____

Signature: Date: