

## Membership Application

Any person, partnership, association, corporation, or other entity sharing the purposes of the Chamber shall be eligible for membership in the Chamber, subject to the approval of the Board of Directors.

| Business/Firm Name:               |  |                 |                       |
|-----------------------------------|--|-----------------|-----------------------|
| Contact(s):                       |  |                 |                       |
| Address:                          | City:  | State:          | Zip:                  |
| Type of business or service:      |  |                 |                       |
| - ·                               | Full time Pas a week equals 1 full time employ |                 | als 40 hours per week |
| Phone:                            | Fax:   | E-mail:         |                       |
| World Wide Web Address:           |  |                 |                       |
| Additional names to receive mail  | ings:  |                 |                       |
| Category listing for web site and | business directory:                            |                 |                       |
| Keywords for web site:            |  |                 |                       |
| Year business was founded:        |  |                 |                       |
| Do you wish to participate in the | Chamber Gift Check Program?                    | Yes No          |                       |
| Payment Schedule (Please choose   | e one): Annual Semi-Annua                      | l Quarterly     | Monthly               |
| Authorized Signature:             |  | Date:           |                       |
| If paying by Cro                  | edit Card please fill in the                   | following infor | mation:               |
| Master Card or Visa Card Nu       | mber:  |                 |                       |
| Expiration Date:                  | Name on Credit Card:                           |                 |                       |
| 3Digit Code:                      | Zip Code affiliated with Ca                    | ard:            |                       |
| Signature:                        |  |                 |                       |
|                                   | For office use only                            | y:              |                       |
| Business Directory                | Database (Main/Other)                          | Email Blast     | Facebook              |
| Gift Check Program                | Membership Decal                               | Press Release   | Newsletter            |
| Quickbooks                        | Web Site                                       | Constant Conta  | act Gmail             |

## **DUES STRUCTURE**

Our dues year runs January through December. If you join mid-year we will pro-rate you for the months remaining in that year. Please pick the dues schedule below which best fits the description of your business.

(Please circle the appropriate dues schedule, and all that applies.)

## **SCHEDULE "1"**

Amusement, recreation, entertainment, industrial suppliers, manufacturers, producers, media, restaurants, cafes, taverns, retail goods, wholesale goods, services, shelters and transportation.

Dues:

\$220.00 covers the first 25 workers Add \$3 each for workers 26 through 100 Add \$2 each for workers 101 through 200 Add \$1 each for workers 201+

## SCHEDULE "2"

Government agencies, civic clubs, non-profit corporations.

Dues:

Base dues on "SCHEDULE "1", then divide in half (Minimum dues: \$110.00)

- \*\* Dues can be paid Annually, Semi-annually, Quarterly, or Monthly. Please indicate your preference on the first page.
- \*\*\*Once your application is received it will need to be approved at an upcoming Board Meeting. Board meetings occur the second Thursday of every month. Once approved you will be invoiced or charged on your credit card and be sent a "Welcome Packet". If you have any questions please contact Tracy Becker at (814) 226-9161.