

MEMBERSHIP FORM 2024

BUSINESS NAME: _____

Business email address: _____

Primary Telephone: _____ Website: _____

Facebook: _____ Twitter: _____

Mailing address: _____ City: _____ State: ___ Zip: _____

Physical address: _____ City: _____ State: ___ Zip: _____

Billing address: _____ City: _____ State: ___ Zip: _____



Primary Contact Person _____ Title: _____

Cell Phone: _____ Email address: _____

Billing Representative _____ Email address: _____

Voting Representative (typically the decision maker):

Name: _____ Email: _____

Business Description and Keywords: _____

of employees: Full-time: _____ Part-time: _____

Date business established: (M)___ (D)___ (Y) ____ Do you have a current business license? ____

SEE REVERSE SIDE FOR 2024 MEMBERSHIP INVESTMENT SCHEDULE

FEE BASED ON

**# OF
EMPLOYEES**

1-5	\$369
6-10	\$459
11-20	\$530
21-30	\$626
31-40	\$713
41-50	\$803
51-60	\$887
61-70	\$953
71-80	\$1,069
81-90	\$1,093
91-100	\$1,209

- Real Estate Professional - \$200
- Additional Location - \$100 (same owner & category)
- Ambassadors- \$106 (Retirees, or persons who do not represent a business)
- Non-profit organizations- \$120 (Churches, Civic Clubs, and Fraternal Orders)
- Educational Institutions - \$709
- Apartment Complex, Condos, Mobile Homes & RV Parks, Assisted Living- \$369 (includes 10 units + \$150 for each additional 100 units)
- Financial Institutions -\$27 per million in assets in the Chamber service area
- Golf Course- 9 hole-\$358 18 hole- \$652
- Malls- Base rate based on employees in mall office plus \$5 per tenant space

() WOMAN-OWNED BUSINESS () HOME-BASED BUSINESS
 () VETERAN OWNED BUSINESS () REMOTE BUSINESS

I am interested in a payment schedule
and/or auto payments

Monthly Quarterly Semi-Annual

Yearly Service Charge: Appx. \$10-20 a year

Annual membership investment: \$ _____
 Featured web listing upgrade (\$100): \$ _____
 Ribbon Cutting Video (\$375 -\$575): \$ _____
 One-time Application fee: \$ _____ 25.00 _____
 TOTAL \$ _____

Privacy Policy:

We follow procedures to safeguard the confidentiality of your personal information

Check attached # _____ Cash \$ _____
 Charge my credit card (circle one): MasterCard Visa Amex

Number: _____ Expires _____ Security Code: _____

Name as it appears on the card: _____

Billing address for CC: _____

City: _____ State: _____ Zip: _____

MISSION STATEMENT

ENHANCING THE ECONOMY BY PROVIDING INFORMATION, SERVICES, LEADERSHIP AND VISION