



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Name: _____ Address 1: _____
 Telephone: _____ Address 2: _____
 Fax: _____ City/State/Zip: _____
 Website: _____ Billing address: if different from above
 E-mail: _____ Address: _____
 Business Type: _____ City/State/Zip: _____
 Year Founded: _____ # of Employees: ____ Full-time ____ Part-time

INDIVIDUAL INFORMATION

Main Chamber Contact

Name: _____ Title: _____
 Telephone: _____ E-mail: _____

Additional Representative(s)

Name: _____ Title: _____
 Telephone: _____ E-mail: _____

For additional representatives, please attach supplemental information on a separate sheet.

INVESTMENT INFORMATION

Investment Amount: _____
 + Processing Fee*: \$25.00
 Total Investment: _____
 Payment Method: Visa American Express
 Check #: _____ or Master Card Discover
 Card #: _____
 Expiration Date: _____ CID # on back of card: _____
 Name on Card: _____
 Signature on Card: _____

Yearly Investment Schedule	
Membership Package	Investment Amount
Basic I	\$200
Basic II	\$450
Basic Plus	\$700
Classic I	\$1,250
Classic II	\$1,750
Classic Plus	\$2,500
Executive	\$3,750
Premier	\$5,000
Platinum	\$10,000

*There is a one-time \$25 processing fee for new applicants.

CHAMBER OFFICE USE: _____

