



Application for Membership

Date of Application _____

Business Information

Business Name _____

Primary Phone # _____ Primary Fax _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Member Contacts

Primary

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

Billing

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

Other

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

Name _____ Email _____

Phone _____ Ext. _____ Preferred Method of Contact * _____

** The Chamber relies on electronic mail to communicate with our members on a weekly basis.*

Dues Structure

Non-Profit <10 employees \$70 per year
>10 employees \$150 per year

Education/Civic Organizations \$70 per year

Individual \$100 per year

Small Business Owner +1 \$125 per year

Business and Industry \$225 per year
\$2 per employee

Health Care Facilities \$225 per year
\$2 per employee

Lodging \$225 per year
\$1 per room

Insurance/Real Estate \$225 per year
\$15 per Agent

Professional \$225 per year
\$70 per Professional

Payment Information

Total Annual Investment \$ _____

Check Cash
Check # _____

Credit/Debit

Mastercard Visa Discover
Card # _____

Expiration _____

Renewal Date June January

For Office Use Only

CM Date _____
CC Date _____
QB Date _____

Company Description

Website _____
