

Membership Enrollment Form

Business Name: _____ Owner/ Contact: _____

Mailing Address: _____

Location/Published Address: _____

Phone: _____ Fax: _____

E-mail: _____ Toll-Free: _____

Website Address: _____

Business Category:

(A) _____

Additional Category Listings (\$50 each):

(B) _____

(C) _____

(D) _____

(E) _____

Year Established: _____ # of Employees: Full Time: _____ Part-Time: _____

Referred by: _____

Receive Chamber Info by broadcast faxes (faxed during evening/nighttime hours): Yes _____ No: _____

Signature: _____ Date: _____

Investment Calculation

Annual Membership Dues	
Annual Mailing List Fee \$50	
Annual Weblink Subscription \$120	
Additional Category Listings \$50	
Processing Fee (one time) \$25	
Voluntary Contribution (optional) \$25	
TOTAL	

Dues:

Agents & Non-Profits: \$115

Business Size*	Dues
<i>*Business size = number of employees including owners</i>	
1-5	\$210
6-10	\$240
11-15	\$290
16-20	\$350
21-25	\$415
26-35	\$465
36-50	\$545
51-100	\$665
101-200	\$795
201+	\$915

Payment Method

Cash Check Credit Card: Visa Mastercard

Name on Credit Card

Credit Card #:

Expiration date: