

Membership Application

Firm Name _____

Corporation Sole Proprietorship Not For Profit

Date began business _____

Mailing _____

Billing _____

Physical _____

Website _____

Business Category: _____

Number of Employees: FT _____ PT** _____

Phone _____ Fax _____

City, State, Zip _____

City, State, Zip _____

City, State, Zip _____

Email _____

Key Contact _____

Email _____

Title _____

Phone _____

Contact _____

Email _____

Title _____

Phone _____

Invoice Preferences: E-Billing Print

**List additional employees on back of application*

What Chamber of Commerce benefits are you most interested in utilizing?

Advocacy Marketing Networking Community Involvement Training/Education

Communications: Newsletter : Print Electronic Friday Facts Downtown Update Tourism Tidbits
Government Relations

2021 Investment Schedule

Employees	Investment
1-5	\$343
6-15	\$513
16-25	\$768
26-40	\$1120
41-55	\$1462
56-75	\$1814
76-100	\$2165
101+	\$2165 + \$2.75/additional employee

2 part-time employees are equal to one full-time employee

Churches and Service Clubs	\$155
Independent/Individual Member	\$125
Independent Home Consultants	\$160
Not for Profit Organizations	\$343 Tax Exempt Y-N
Hotels	\$343+ \$5 / room
Doctors, NP's and PA's, Attorneys, and CPA's	
# of Employees = \$_____ + \$92 / professional	
Engineer, Architect, Insurance, Real Estate, and	
Financial Consultant	
# of Employees = \$_____ + \$46 / professional	
Financial Institutions	\$49 / million in deposits