



Investor Application

Investor Information

Company Name _____

Business Phone _____ Toll Free Phone _____

Physical Address _____ City _____ Zip Code _____

Primary Email _____ Website _____

Mailing Address *(if different from above)* _____ City _____ Zip Code _____

Billing Address *(if different from above)* _____ City _____ Zip Code _____

Billing Contact *(if different from Primary Representative)* _____

Annual Investment Dues

Refer to The Chamber guide for additional investor information.

Investor Dues Category:

- Chamber Supporter - \$100
- Non-Profit/Homebased - \$195
- Classic - \$395
- Enhanced - \$635
- Premium - \$895
- Elite - \$1850

I would like to contribute to the "Chamber Scholarship Program" in the amount of:

- \$50
- \$75
- \$100
- Other: \$ _____

Payment Information

Payment Method: Invoice # _____ Credit/Debit Card (Check One): Mastercard VISA

Card Number

Expiration Date

3-Digit Code

Zip Code

Name (as it appears on the card)

Email receipt to the above address

Representative Information

Primary Representative

Title

Phone

Email

Additional Representatives

Name

Title

Phone

Email

Name

Title

Phone

Email

Name

Title

Phone

Email

Name

Title

Phone

Email

Name

Title

Phone

Email

Notes/Comments: _____

Authorized Signature:

Date: