



Membership Application

Member Information

Company Name _____

Business Phone _____ Toll Free Phone _____

Physical Address _____ City _____ Zip Code _____

Primary Email _____

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*) _____

Website _____

Preferred Communication Method (*check one*): Phone Email In-Person

Annual Dues

Refer to The Chamber guide for additional membership information.

Membership Level Dues:

- Chamber Supporter - \$100
- Non-Profit - \$200
- Small Start Up/Home-based - \$250
- 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

Preferred Payment Method for all Billing (check one):

Check

Card (check one): Mastercard VISA

Name on Card

Card Number

Expiration Date

3-Digit Code

Billing Zip Code

Email receipt to the above address

Primary Representative Information

Name 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:** _____