



MEMBERSHIP APPLICATION

July 1, 2021 – June 30, 2022 Membership Year

COMPANY INFORMATION

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Main Contact Name: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Number of full-time employees: _____ Number of part-time employees: _____

DIRECTORY LISTING

Business Category for Directory: _____

Main Contact Name: _____ Title: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____ Website: _____

Please provide a 200 character description of your business: (includes spaces & punctuation).

Please list all additional employees that would like to receive Chamber communications through email:

Employee Name: _____ Email: _____

Employee Name: _____ Email: _____



MEMBERSHIP TIER LEVELS:

Business Innovator - \$1,095 Business Builder - \$585 Business Investor - \$275

Annual Chamber Investment \$ _____

Application Processing Fee \$ 25.00

Total Due Today \$ _____

Payment Method:

_____ Check _____ Cash _____ ACH Direct

Credit Card: _____ VISA _____ MasterCard

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code (CVC): _____

Name on Card: _____

Billing address for card: _____

City: _____ State: _____ Zip: _____

Billing address phone: _____

Application Signature: _____ Date: _____

*Membership dues (excluding administrative processing fees) are tax deductible according to the IRS 501(C)(6) designation. Additional sponsorship funds (allocated for event and programs, including operational and administrative expenses incurred by such events and programs) are not tax deduct