

Membership Application

Complete this form and return to the Shelby County Chamber by mail, email or fax or visit www.ShelbyCountyKyChamber.com and complete the application online.

Business Name _____

Primary Contact Name/Title _____

Mailing Address _____

City, State, Zip _____

Physical Address _____

Phone Number _____ Fax Number _____

May we contact you by e-mail? Yes No Fax? Yes No
Please note: It is the Shelby County Chamber's policy not to share email addresses or fax numbers.

E-mail address _____

Website _____

Do you use: Facebook LinkedIn Twitter Other Social Media

Description of business: _____

Referred by (optional): _____

Membership Levels	Annual Commitment	1 st Year Commitment
President Level	\$ 2999.40	\$2099.58
Executive Level	\$ 1199.40	\$919.55
Partner Level	\$ 719.40	\$575.52
Advocate Level	\$ 359.40	\$305.49
Supporter Level	\$ 239.40	\$215.46
Non-Profit	\$167.40	\$167.40
TOTAL		

Method of Payment

- Automatic Bank Draft/ACH**
- Check**
- Credit Card**

Signature _____ Date _____

****PLEASE NOTE 1ST YEAR COMMITMENT PRICING ONLY IF PAID IN FULL, DOES NOT APPLY TO MONTHLY ACH**



An easier way to pay your membership investment!

You can now pay your annual membership investment automatically through ACH direct debit (an automatic bank draft). Make one payment or spread it out over the year. We are offering this alternative to our members with no fee or penalty as an easy option for payment along with the traditional payment methods of cash or check. To sign up, simply complete the form below and return it to the Chamber office.

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AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

I (we) authorize Shelby County Chamber of Commerce, hereinafter called COMPANY, to initiate debit entries to my (our) ___ Checking Account ___ Savings Account (Select One) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Bank Name _____

Address _____

City _____ State _____ Zip _____

Name(s) on Account _____

Phone Number _____

Routing Number _____ Account Number _____

Signature _____ Date _____

By signing this authorization, I agree to pay my annual membership with the Shelby County Chamber of Commerce in full, unless other arrangements are made in writing with the Chamber. If contract is terminated before contract period, I will be responsible for the remaining amount to be paid in full within 30 calendar days or final contract price will be deducted as a final ACH payment to fulfill the contract agreement.

Please deduct my annual membership investment in

- Twelve equal payments to be deducted at the end of each month

Monthly Deduction Amount Based on Membership Level

- \$249.95 Presidential
- \$99.95 Executive
- \$59.95 Partner
- \$29.95 Advocate
- \$19.95 Supporter

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.