MEMBERSHIP APPLICATION

P.O. Box 140200, Nashville, TN 37214-0200

Please mail the completed application and payment option to the above address.

**Check one of the following Membership Levels:**

**(Membership levels are based on the # of employees at the registered business address)**

|  |  |  |
| --- | --- | --- |
|  | Student |  $100 |
|  | Retiree | \*$100 |
|  | Schools (Pre-K – 12) |  $125 |
|  | Not-for-Profit/Church |  $160 |
|  | Individual | \*$160 |
|  | Government/Metro Employee |  $175 |

 \*May not promote a business or entity

|  |  |  |
| --- | --- | --- |
|  | Sole Proprietor (1 Person) | $ 250 |
|  | 2-10 FT Employees | $ 350 |
|  | 11-25 FT Employees | $ 450 |
|  | 26-50 FT Employees  | $ 600 |
|  | 51-99 FT Employees  | $ 800 |
|  | 100+ FT Employees | $1000 |

Company/Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact/Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co. Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact/Rep Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method: Check\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_ Invoice\_\_\_\_\_\_\_\_\_ (Print \_\_\_\_\_\_ Email \_\_\_\_\_\_\_)

How do you prefer to receive future billing communications: Print \_\_\_\_\_\_ Email \_\_\_\_\_\_\_ Both \_\_\_\_\_\_\_

**Please include Billing Representative information if it is someone other than yourself.**

Billing Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Rep Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am interested in serving as an Ambassador and/or Volunteer with the Donelson Hermitage Chamber.
* The Company/Member is interested in hearing more about sponsorship opportunities.
* I was referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_