

**Membership Application**

Business / Organization Name

Business Address

 □-Unpublished

Primary Contact and Title

Telephone Fax

E-mail Website

Does your business have a Facebook page? □-Yes □-No

Billing Contact & Address (if different from above)

Primary Business Category (for website & directory)

Additional Category(s) $25/each: 2. 3.

Number of Employees -Full Time -Part Time Years in Operation

**Annual Membership Investment**

|  |  |  |
| --- | --- | --- |
| □ | 1 - 4 employees | $ 195.00 |
| □ | 5 - 10 employees | $ 275.00 |
| □ | 11 – 20 employees | $ 325.00 |
| □ | 21 - 49 employees | $ 335.00 |
| □ | 50 - 99 employees | $ 345.00 |
| □ | 100 + employees | $ 480.00 |
| □ | Non-Profit Organization | $ 125.00 |
| □ | 2nd Location (same TIF)  | $ 50% annual rate of primary |

Total Dues Payment Type: □-Cash □-Check □-Visa □-MasterCard □-Amex

Credit Card Number

Name of Cardholder Exp CVV

Address of Cardholder

Signature Date