

Membership Enrollment Form

Business Name

Owner / Contact Person

Phone

Fax

Toll-Free

Email Address

Website Address

Mailing Address

Location / Published Address

Year Established

Full Time Employees

Part-Time Employees

Referred To Chamber By (Name)

From (Business Name)

Business Category (Free Listing)

(A)

Additional Category Listings (\$50 each)

(B)

(C)

(D)

(E)

Business Size*	Dues	Business Size*	Dues	Business Size*	Dues
1 to 5	\$250	21 to 25	\$475	101 to 200	\$900
6 to 10	\$275	26 to 35	\$550	201+	\$1,025
11 to 15	\$325	36 to 50	\$525	Non-Profit Rate : \$150	
16 to 20	\$400	51 to 100	\$750		

***Business Size = Number of Employees Including Owner**

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Investment Calculation

Annual Membership Dues : \$ _____

Database Access (\$50) : \$ _____

Website: Basic Listing + One Category : \$ **No Charge**

Website: Additional Categories (\$50 each) : \$ _____

Website: Enhanced Listing (\$120) : \$ _____

Website: Add-Ons (*Ask for details*) : \$ _____

One Time Processing Fee (\$25) : \$ _____

Optional Voluntary Contribution (\$25) : \$ _____

Total : \$

Payment Method

Cash Check Credit Card Type: _____

Name on Credit Card

Credit Card #

Expiration

CRV Code

Amount \$\$

Billing Address

Signature