

Membership Application

Associate Membership \$100
Non-Profit \$125
Business Membership \$205
Business Gold Membership \$405
Business Platinum \$750
Executive Membership \$1200
Chairman's Circle Membership \$1700
Keystone Membership \$2500
Trustee Membership \$5000

Package Total \$ _____
Administration Fee (One Time) \$ _____
Total Enclosed \$ _____

Billing Options (Please Circle One)

[Monthly] [Quarterly] [Semi-Annual] [Annual]

Company Name _____

Physical Address _____

Mailing Address (If different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Mobile _____

Business Anniversary _____ Month _____ Year _____

Website _____

Facebook _____

Twitter _____

Business Category _____

Reason For Investing _____

Number of Employees: ___ Full Time ___ Part Time ___ Total

Main Contact (This information will be used for your listing in the printed and online Chamber Directories)

Name _____ Title _____

Address (if different from above) _____

Phone _____ Fax _____

**Email _____

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Additional Contact/s

Please list others in your business/organization whom you would like to receive Chamber communications.

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____