

Membership Application

PLEASE PRINT OR TYPE Information to be listed in the Membership [Directory		Date		
Company Name	Telephone		Facsimile		_
Mailing Address	City	County	State	Zip	
Physical Address (if different from mailing address)	City		State	Zip	_
Member companies are encouraged to name includes 5 assigned members who receive re	gular mailings	and emails from the Ch	r roster. The base n amber.	nembership invest	tmer
Primary Business	_	- 19-1			
Alternate Classification	_	# of Local Employe	es		
Prefix Primary Company Contact & Title (Name to be used in Membership Directory)	 e	Email (Primary Con	tact)		
Website Address	_				
CEO/President	_	Email			
Name & Title	_	Email			
Name & Title	_	Email			
Name & Title	_	 Email			



Membership Dues Formula

I. MEMBERSHIP

	\$335 \$25
SUBTOT	ΓAL \$360.00
. EMPLOYEE COUNT FORMULA Rate per employee for companies with more than 5 employees X \$5.00	
. ADDITIONAL LOCATIONS	¢150
A. Employee Count Formula	\$130
ENHANCED INVESTMENT LEVELS * President's Level (minimum investment level)	\$5,000
** Partnership Level (minimum investment level)	\$2,500
*** Sustaining Member's Level (minimum investment level)	\$1,000
I. TOTAL (1, 2, 3 &	k 4) \$
 SPECIAL MEMBERSHIPS Individual Memberships (for employees of Chamber member companies) 	\$130
	\$130 ——— \$25