



**Office Use:**  
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## Membership Application

# JOIN YOUR COLLEAGUES IN THE CHAMBER TODAY!

Your annual membership investment is determined by your number of employees. Please circle the amount that corresponds to your business on the following schedule:

**One time processing fee: \$25**

- 1- 4 Employees.....\$195
- 5-10 Employees.....\$225
- 11-20 Employees.....\$315
- 21- 50 Employees.....\$485
- 51+ Employees.....\$645
- Retired Associates.....\$120
- Affiliate Member.....\$120

Total Enclosed:

**NOTE:**

*All applications for membership will be reviewed for eligibility and appropriateness for the organization. This review may include, but is not limited to, verification of business status and public records, and/or a personal interview. All applications must be approved by the Board of Directors before attendance or participation in any Chamber function or event. Applicants will be notified in writing of their application status within 30 days.*

**MEMBERSHIP APPLICATION:**

number of employees in your company is: \_\_\_\_\_

Name of Representative to Chamber \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Keywords \_\_\_\_\_

Type of Business \_\_\_\_\_

Referred By \_\_\_\_\_

Check Enclosed     VISA     Mastercard

Card No. \_\_\_\_\_

Exp Date: \_\_\_\_\_

Your Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Business Description :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_