

MEMBERSHIP FORM 2025

BUSINESS NAME: _____

(as you want it to show up on social media platforms)

Business email address: _____

Primary Telephone: _____ Website: _____

Facebook: _____ Twitter: _____

Linkedin: _____ Instagram.com _____

Mailing address: _____ City: _____ State: ___ Zip: _____

Physical address: _____ City: _____ State: ___ Zip: _____

Billing address: _____ City: _____ State: ___ Zip: _____



Primary Contact Person _____ Title: _____

Cell Phone: _____ Email address: _____

Billing Representative _____ Email address: _____

Voting Representative (typically the decision maker):

Name: _____ Email: _____

Business Description and Keywords: _____

of employees: Full-time: _____ Part-time: _____

Date business established: (M)___ (D)___ (Y) ____ Do you have a current business license? ____

SEE REVERSE SIDE FOR 2025 MEMBERSHIP INVESTMENT SCHEDULE



FEE BASED ON

**# OF
EMPLOYEES**

1-5	\$380
6-10	\$473
11-20	\$546
21-30	\$645
31-40	\$734
41-50	\$827
51-60	\$914
61-70	\$982
71-80	\$1,101
81-90	\$1,125
91-100	\$1,245

- Real Estate Professional - \$200
- Additional Location - \$110 (same owner & category)
- Ambassadors- \$106 (Retirees, or persons who do not represent a business)
- Non-profit organizations- \$120 (Churches, Civic Clubs, and Fraternal Orders)
- Educational Institutions - \$730
- Apartment Complex, Condos, Mobile Homes & RV Parks, Assisted Living- \$380 (includes 10 units + \$150 for each additional 100 units)
- Financial Institutions -\$27 per million in assets in the Chamber service area
- Golf Course- 9 hole-\$380 18 hole- \$691
- Malls- Base rate based on employees in mall office plus \$5 per tenant space

- () WOMAN-OWNED BUSINESS () HOME-BASED BUSINESS
 () VETERAN OWNED BUSINESS () REMOTE BUSINESS
 () HISPANIC-OWNED BUSINESS () NON-PROFIT BUSINESS

I am interested in a payment schedule
and/or auto payments

Monthly Quarterly Semi-Annual

Yearly Service Charge: Appx. \$10-20 a year

Annual membership investment: \$ _____
 Featured web listing upgrade (\$100): \$ _____
 Ribbon Cutting Video (\$375 -\$575): \$ _____
 One-time Application fee: \$ _____ 25.00 _____
 TOTAL \$ _____

Privacy Policy:

We follow procedures to safeguard the confidentiality of your personal information

- Check attached # _____ Cash \$ _____
 Charge my credit card (circle one): MasterCard Visa Amex

Number: _____ Expires: _____ Security Code: _____

Name as it appears on the card: _____

Billing address for CC: _____

City: _____ State: _____ Zip: _____

MISSION STATEMENT

ENHANCING THE ECONOMY BY PROVIDING INFORMATION, SERVICES, LEADERSHIP AND VISION

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