
MEMBERSHIP APPLICATION

Company Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Web Page (if available): _____

E-mail address: _____

Contact person: _____ Job title: _____

Type of business: _____

Number of employees: _____ Month/year business opened: _____

Membership Investment Level

- Associate membership** - \$50/annually (for individuals and not-for-profit organizations only)
- Regular membership** - \$200/annually
- Bronze membership** - \$240-\$499/annually
- Silver membership** - \$500-\$749/annually
- Gold membership** - \$750 and up/annually

Billing options for investments of
\$200 and up (please circle one):

Yearly / Semi Annually / Quarterly/

Monthly

Interests/Involvement

Yes, I would like to be involved in one or more of the following (circle all that apply):

Education Communication Fundraisers American Celebration

Ambassadorship Mushroom Festival Banquets Christmas Extravaganza

After Hours Business Expo Marketing Membership

Would your business be able to accept Chamber Gift Certificates as payment? _____

Would you impose any restrictions? If so, please explain _____

Authorized Signature

Date