Membership Application

Company Name:		Today's Date:
Contact Person:		Title:
Contact Email:		
		e):
		ne company who should receive Chamber emails:
Company Website		
Number of Employees:		
Annual Budget (Only Applic	able for Nor	n-Profits):
Membership Levels		
Sole Proprietor/1 Employee 2-10 Employees 11-20 Employees 21-50 Employees 50+ Employees Non-Profit Resident	\$100 \$200 \$250 \$300 \$350 \$100 \$50	Amount:
Scholarship fund contri The Chamber awards two scho Whitnall High School graduation	olarships ann	
		Total:
2. New Members: Annual dues for new m	nmerce ership dues are ba embers only will l ultiple locations v	ased on a calendar year starting January 1 st ending December 31 st . be pro-rated. (This does not apply to renewing members.) Rev – 12/16/2016 will be viewed as separate businesses, and are subject to the dues outlined on the

 $\hfill\Box$ Treasurer $\hfill\Box$ Membership $\hfill\Box$ Chamber mailing / PR list $\hfill\Box$ Chamber website