

MEMBERSHIP APPLICATION

COMPANY NAME			DATE FIRM ESTABLISHED		
MAILING ADDRESS (CITY, STATE, ZIP+4)					
PHYSICAL ADDRESS (CITY, STATE, ZIP+4)					
TELEPHONE NUMBER		ADDITIONAL TELEPHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS			WEBSITE ADDRESS		
OWNER OR PRIMARY OFFICER MR. ___ MRS. ___ MS. ___				TITLE	
CONTACT PERSON TO RECEIVE MAIL MR. ___ MRS. ___ MS. ___				TITLE	
PERSON TO RECEIVE BILLING MR. ___ MRS. ___ MS. ___				TITLE	
EMPLOYEE INFORMATION (Number of Employees)		FULL-TIME	PART-TIME	BUSINESS CATEGORY	
I understand that by providing the fax number and email address above, on behalf of the company/organization or individual specified above, I am authorized to and hereby consent for the company/organization or individual to receive faxes and emails sent by and or on behalf of the Community Chamber of Commerce of East Montgomery County.					
APPLICANTS SIGNATURE and DATE			NEW MEMBERS SPONSOR		
COMMUNITY CHAMBER OF COMMERCE OF EAST MONTGOMERY COUNTY ANNUAL MEMBERSHIP INVESTMENT LEVEL					
PLATINUM \$2,500 Primary contact plus eight additional representatives Preferred listing on all Chamber publications DIAMOND \$1,500 Primary contact plus six additional representatives GOLD \$1,000 Primary contact plus four additional representatives SILVER \$750 Primary contact plus three additional representatives BRONZE \$500 Primary contact plus two additional representatives			BUSINESS \$200 Primary contact only receives information NON-PROFIT ORGANIZATIONS \$75 501c3 Designated Organizations, Public Schools and Colleges INDIVIDUALS \$75 Individuals only—no business name will be associated with this membership ASSOCIATE \$100 For business with more than one location in the area. Each additional branch or location can be listed and receive information at each respective address.		
The Chamber is a 501c6 organization and the IRS has ruled your investment may be tax deductible as a business expense.					
<i>The Chamber accepts cash, check or credit card.</i> CASH _____ For credit card payments, complete separate Authorization Form. CHECK _____ CHECK #. _____ We accept MC, Visa, Discover, AMEX					
FOR CHAMBER USE ONLY ANNUAL INVESTMENT LEVEL _____ DATE JOINED _____ PAYMENT AMOUNT \$ _____					

