



## 2020 MEMBERSHIP APPLICATION

\*Business Name: \_\_\_\_\_

\*Business Type/Industry: \_\_\_\_\_

\*Business Physical Address: \_\_\_\_\_

\*Business Mailing Address: \_\_\_\_\_

\*Business Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Business Website: \_\_\_\_\_

\*Owner/Contact Person's Name: \_\_\_\_\_ \*Owner/Contact Person's Title: \_\_\_\_\_

\*Owner/Contact Person's Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Owner/Contact Person's Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Must be filled in completely and returned with payment (renewal – please fill in completely to be sure we have the correct information in our system)

<b>Membership Fees:</b>	Individual Person:	\$40.00
	Non-Profit Organization:	\$75.00
	<b>BUSINESSES: (includes owner)</b>	
	One employee only:	\$55.00
	2 to 9 employees:	\$100.00
	10 or more employees:	\$200.00
	<b>Total Due:</b>	\$ _____

Is there anything we can do to help your business or something you would like to see us do to help the community? Please let us know!!

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

Office Use Only

Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount paid: \$ \_\_\_\_\_ ☐ Cash ☐ Check – Ck# \_\_\_\_\_