



# MEMBERSHIP APPLICATION

Date \_\_\_\_\_

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

Main Contact: \_\_\_\_\_ Additional Reps \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Site: \_\_\_\_\_

Email Address: \_\_\_\_\_ Additional Rep Email: \_\_\_\_\_

Business Classification: \_\_\_\_\_

Membership Director: Elaine Davis

Number of Employees: F/T \_\_\_\_\_ P/T \_\_\_\_\_ (2 Part-time Employee = 1 Full Time Employee)

**Annual Investment Schedule**

# of Employees	Rate		
1-2	\$175	Associate: (Individual/Retired)	\$ 105
3-5	\$205	Home-Based:	\$ 115
6-9	\$230	Non-Profit Organization	\$ 175
10-14	\$260	Membership Investment	\$ _____
15-24	\$335	Registration Fee (one time only)	\$ 45.00
25-49	\$420		
50-99	\$510		
100+	\$715	TOTAL ENCLOSED	\$ _____

This investment may be tax deductible as a business expense.  
 Your membership is a continuous annual basis until canceled by you. \_\_\_\_\_ (initial)

Membership Dues are Non-Refundable  
**RETURN A COPY OF THIS FORM WITH YOUR PAYMENT**

Please check the appropriate box:  Check for amount due enclosed  
 Please charge my Visa or MasterCard the amount due

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature: \_\_\_\_\_

*“Creating a Strong Local Economy”*