



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: Christine Ford

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”