



Membership Application

Business Contact Information	
Business	
Main Contact Name	
Street Address	
City - State - Zip	
Phone	
Email Address	
Website	
Preferred Method of Contact	Email or text

Membership Investment Schedule		Please Select type of Membership
Individual Membership	\$75	\$_____
Non-Profit/Civic Membership	\$125	\$_____
Business up to 10 employees (each additional employee \$5 with \$400 maximum investment)	\$200	Number of employees: _____ Total cost: \$_____

Committee Participation	Please include me on the following committee(s) checked below
Annual Chamber Dinner - (April/May)	
Open Event - (August)	
Hometown Christmas - (December)	