

2025 Chamber	r of Commerce	Membership Application	on			
<b>Business Name</b>						
<b>Primary Contact:</b>	ary Contact: Job Title:					
Mailing Address:						
City, State & Zip:						
<b>Business Location:</b>						
Phone:						
E-Mail Address:						
Website Address:						
# of Employees:	oyees: Full Time: Part Time:					
Business						
<b>Established Date:</b>						
<b>Business Hours:</b>						
<b>Brief Description of Busines</b>	S: Be specific it is impor	tant for proper referrals (services, mer	chandise)			
<b>Secondary Contacts:</b>		Job Title:				
Turne of Manahavahin 2	025	(Ch.	al. a.a.a.\			
Type of Membership 2	<u>025</u>	<u>(Cne</u>	<u>ck one)</u>			
Non-profit and/or char	ritable organization	ns or clubs (\$150.00)				
<ul> <li>One membership vote</li> </ul>						
<u>Individual Membership</u>	<u>(\$100.00)</u>					
<ul> <li>One membership vote</li> </ul>						
◆ Youth Membership	(\$20.00)					
	(+25.00)					
◆ <u>Senior Citizen (65+)</u>	(\$35.00)					
♦ <u>Youth Organizations</u> (participants 18 and under) (\$35.00)						
Home Based Independe	ent Consultant (\$1	50.00)				
<ul> <li>One membership vote</li> </ul>						
Business Builder (\$250	) 00) Small husine	ss (1-10 employees)				
◆ One membership vote	7.00) Sinan basine.	ss (1 10 employees)				
Cornorate Developer (\$	450 00) Madium h	usiness (10-20 employees)				
◆ Two membership votes	<del>150.00) Neululli D</del>	usiness (10-20 Elliployees)				
·	)	(20   ampleyess)				
<u>Industrialists (\$700.00</u>	) Large Dusiness (	∠u + employees)				

Membership is from January $1^{st}$ through December $31^{st}$ each year. If joining during the year, your dues will be prorated for the first year only.							
We will be	paying:		Annually Quarterly		_Semi-Annually		
Date:			Referred by:				
I would lik	e to partici	oate in the	following Chambe	er membership	programs:		
		0.00) and v	for my lunches u will include that	•	ne year (\$10.00 x mbership fee		