

## Membership Application

COMMUNICATE • COLLABORATE • ADVOCATE

Date of Application: \_\_\_\_\_

Number of \*Full-time Employees: \_\_\_\_\_

\* Part-time employees should be counted 2 for 1

Reason for joining: *(check all that apply)*

- Networking       Business Advocacy       Business Education  
 Marketing       Events       Visibility  
 Other: \_\_\_\_\_

Are you interested in a Ribbon Cutting Ceremony?

- Yes       No

Company Name: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Additional Contact: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Additional E-mail: \_\_\_\_\_

Business Category: \_\_\_\_\_ Referred By: \_\_\_\_\_

Please provide us with a 200 character description for your business to be used in our website business listing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your business hours: \_\_\_\_\_

Annual Dues Amount: \_\_\_\_\_

One-Time Processing Fee:           \$35.00          

Total Payment: \_\_\_\_\_

Select Payment Method:     Check       Cash       VISA       Mastercard

VISA/Mastercard #: \_\_\_\_\_

Expires: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

Print name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### MEMBERSHIP DUES SCHEDULE

# of Employees*	Annual Dues
1-3	\$ 330.00
4-10	\$ 370.00
11-20	\$ 435.00
21-30	\$ 485.00
31-40	\$ 550.00
41-50	\$ 600.00
51-70	\$ 695.00
71-100	\$ 810.00
101-200	\$1,040.00
201-300	\$1,180.00
301-500	\$1,340.00
Over 500	\$1,410.00
Associate	\$ 145.00
Non-Profit**	\$ 215.00
Home Based	\$ 215.00

\*Part-time employees should be counted 2 for 1  
\*\*Proof of Non-Profit Status 501(c)(3) required  
Call for Government/Elected Rate.