



2020 MEMBERSHIP APPLICATION

*Business Name: _____

*Business Type/Industry: _____

*Business Physical Address: _____

*Business Mailing Address: _____

*Business Phone#: (____) _____ - _____ Business Fax#: (____) _____ - _____

*Business Website: _____

*Owner/Contact Person's Name: _____ *Owner/Contact Person's Title: _____

*Owner/Contact Person's Phone#: (____) _____ - _____

*Owner/Contact Person's Email: _____

Would you like to be added to our e-newsletter list? Yes No

Signature _____ Date: ____ / ____ / ____

*Must be filled in completely and returned with payment (renewal – please fill in completely to be sure we have the correct information in our system)

Membership Fees:	Individual Person:	\$40.00
	Non-Profit Organization:	\$75.00
	BUSINESSES: (includes owner)	
	One employee only:	\$55.00
	2 to 9 employees:	\$100.00
	10 or more employees:	\$200.00
	Total Due:	\$ _____

Is there anything we can do to help your business or something you would like to see us do to help the community? Please let us know!!

Office Use Only

Date paid: ____ / ____ / ____ Amount paid: \$ _____ Cash Check – Ck# _____