



Membership Application

Company Name: _____

Website: _____

Email:

Primary _____ **General** _____

Physical Address: _____

Mailing Address: _____

Business Keywords: _____

Primary E-Mail: _____

2nd Email: _____

Website: _____

Link to Facebook/LinkedIn/Twitter: _____

Join Reason: Visibility ___ Networking ___ Community Involvement ___

Check all that apply: Minority Owned ___ Woman Owned ___ Veteran Owned ___

Directory Categories (2) *See Membership Directory on our website and pick two

Primary _____ **2nd** _____

Employees: Full Time _____ **Part-Time** _____

Membership Investment Amount: \$ _____ (annual) (see reverse) **Invoice me:** ()

Membership Application Fee: \$25.00 **Total Submitted:** _____

Business Description: (200 char max) _____



Primary Contact Information

First Name: _____

Last Name: _____

Title: _____

Phone: Office _____ Cell _____

Email: _____

Fax: _____

Contact Preference: _____ Email _____ Phone _____

Billing Contact Information

First Name: _____

Last Name: _____

Title: _____

Phone: Office _____ Cell _____

Email: _____

Fax: _____

Contact Preference: _____ Email _____ Phone _____

Signature _____ Date _____

Your signature gives us permission to use your name and photos on chamber's social media and press releases.

Please contact Marsha Stapleton at marsha@andersoncountychamber.org to add any additional company representatives to be added to our email distribution list.



*Membership Investment
Structure 2020*

<u>Category</u>	<u>2020 Investment</u>	<u>Category</u>	<u>2020 Investment</u>
Student	25	Educational / School Systems	380
Legends (Retirees)	50		
Individual	150	Hotel / Motel	
Associate Member – Individual	150	Less than 50 Units	560
Charitable Community Organizations	160	More than 50 Units	600
Elected Officials	175		
Associations & Organizations (not for profit)	175	Financial Institutions	
Sole Proprietorship	205	\$0-\$50 Million in Deposits	600
Food Truck	100	\$51-100 Million in Deposits	860
e-Commerce (online sales only)	150	\$100 + Million in Deposits	1130
		Municipalities/Utilities	Negotiated
Business and Professional		Two Part-time employees equal one full-time employee	
3 or Less Employees	255		
4-15 Employees	340		
16-30 Employees	380		
31-50 Employees	445		
51-99 Employees	575		
100-199 Employees	600		
200-299 Employees	785		
300-399 Employees	1030		
400-499 Employees	1130		
500-599 Employees	1315		
600 + Employees	Negotiated		
Industrial and Healthcare			
1-10 Employees	340		
11-24 Employees	445		
25-49 Employees	570		
50-99 Employees	600		
100-199 Employees	780		
200-299 Employees	1030		
300-399 Employees	1130		
400-499 Employees	1315		
500-599 Employees	1475		
600 -699 Employees	1690		
700-799 Employees	1905		
800-899 Employees	2135		
900-999 Employees	2455		
1000+ Employees	Negotiated		