



DATE

REFERRED BY

Membership Form

BUSINESS NAME

BUSINESS PHONE NUMBER

BUSINESS EMAIL

BUSINESS WEBSITE

PRIMARY REP. FIRST NAME

PRIMARY REP. LAST NAME

PHYSICAL ADDRESS

BILLING ADDRESS

☐

SAME AS PHYSICAL ADDRESS?

MAILING ADDRESS

☐

SAME AS PHYSICAL ADDRESS?

CATEGORY(S)

☐DO NOT LIST MY **ADDRESS** IN THE ONLINE DIRECTORY.☐DO NOT LIST MY **BUSINESS** IN THE ONLINE DIRECTORY.

BILLING REP. FIRST NAME

BILLING REP. LAST NAME

BILLING REP. EMAIL

LEVEL:

☐

FOUNDER - \$4,100

☐

INVESTOR - \$1895

☐

PARTNER - \$975

☐

ASSOCIATE - \$310

☐

COLLABORATOR - \$565

☐

NONPROFIT/ GOVT. - \$310

☐

CHAMBER CHAMPION - \$150

ADDITIONAL REP: NAME, EMAIL, PHONE, ADDRESS

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NOTES: