



**Membership Registration
For membership year July 1, 2019-June 30, 2020**

Company Name: _____
Physical Address: _____ City: _____ State: ____ Zip: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Web Address: _____

If different, please provide billing information

Address: _____ City: _____ State: ____ Zip: _____
Email Address: _____ Check if you do not want invoices via email: ____

Company Contacts - (Please provide contact info for your employees so they can also receive communications.)

Name: _____ Email Address: _____
Name: _____ Email Address: _____
Name: _____ Email Address: _____
Name: _____ Email Address: _____

Business category (list up to 5): _____

Annual Membership Dues Investment Schedule*

Sole Proprietor/1 Employee	\$199	21-40 Employees	\$503
2-3 Employees	\$254	41-70 Employees	\$609
4-5 Employees	\$325	71-100 Employees	\$758
6-10 Employees	\$384	101+ Employees	Contact Chamber
11-20 Employees	\$461		

*Based on FTE (3 part time employees equal one full time employee.).

Dues Total and Payment Method*

Membership Investment Amount _____

Monthly or quarterly payment options are available. Prorated payment available. Please contact the office for details.

___ Check made payable to North 65 Chamber of Commerce

___ Credit Card – charge annual dues payment

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Zip Code: _____

Signature: _____ Security code: _____