



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 - \$4,000

INVESTOR - \$1850

PARTNER - \$950

COLLABORATOR - \$550

PREMIER ASSOCIATE - \$350

ASSOCIATE - \$300

NONPROFIT/ GOVT. - \$300

CHAMBER CHAMPION - \$100

ADDITIONAL REP: NAME, EMAIL,PHONE, ADDRESS

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NOTES: