

MEMBERSHIP APPLICATION

OLIVE BRANCH CHAMBER OF COMMERCE



Date: _____

Business Name _____

Principal Contact _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____

Telephone (____) _____ Fax(____) _____ Number of Local Employees _____

Website _____ Email Address _____

INVESTMENT SCHEDULE

<u>DUES CATEGORIES</u>				Membership based on number of employees if not specific category	
Churches/Non-Profit	\$180	Developers/Builders	\$489	1 — 3	\$180
Schools K-12	\$160	Financial Institutes	\$798	4 — 7	\$232
*Individual	\$150	Healthcare Professionals	\$309	8 — 11	\$288
*Individual-Retired	\$57	Licensed Professionals	\$309	12 — 20	\$376
		Real Estate Brokers	\$330	21 — 50	\$520
		Temporary Agencies	\$366	51 — 99	\$618
		Utilities	\$752.	100 — 200	\$695
				Over 200	\$798

*Entitled to one reservation at lunch and no business affiliation

****ONE TIME ADMINISTRATION FEE \$25****

PRINCIPLE BUSINESS—CIRCLE ONE

- | | |
|---------------------------------|--|
| Accounting & Bookkeeping | Insurance |
| Apartments | Janitorial |
| Attorneys | Lawn, Garden & Landscaping |
| Automobile Sales & Service | Logistics |
| Automobile Body Repair | Manufacturing & Distributors |
| Beauty Salons & Services | Marketing/Advertising & Web Design |
| Business Services | Media & Publications |
| Carpet & Carpet Cleaning | Mortgage Companies |
| Churches | Office Supplies, Equipment & Furniture |
| Community & Organizations | Pest Control |
| Computer Sales & Service | Plumbing |
| Construction | Printing & Graphic Design |
| Developments & Developers | Professionals |
| Educational Services & Daycare | Real Estate Services |
| Electrical | Restaurants |
| Financial Institutes & Services | Retail |
| Fitness | Retirement Communities |
| Gifts & Flowers | Roofing |
| Golf | Schools |
| Government | Services |
| Health Services | Sports Organizations |
| Heat & Air | Telecommunications |
| Home Improvement & Repairs | Temp Services/Staffing |
| Hotels & Event Halls | Utilities |
| Individual Members | Veterinary |
| Individual Members- Retired | |

Additional Reps (emails & invitations)

Name: _____

Email: _____

Name: _____

Email: _____

Parent Company: _____

Headquarters City: _____

For office use only:

Amount Paid _____ Date _____

ACH Yes or No _____

Remarks _____

New Database _____

Old Database _____

Black Ledger _____