

# GDC Chamber Annual Membership Dues :



SELECT A SINGLE CATEGORY. PLEASE NOTE OUR MEMBERSHIPS ARE ROLLING OR AUTO-RENEW MEMBERSHIPS. WE WILL CONTINUE TO WORK HARD FOR YOU UNTIL YOU CANCEL. ANY AMOUNT OWED TO THE CHAMBER IS EXPECTED WITHIN 90 DAYS OF INVOICING. ANY PAYMENTS OUTSTANDING AFTER 90 DAYS ARE SUBJECT TO ADDITIONAL FEES AND/OR SMALL CLAIMS COURT. NON OR LATE PAYMENT OF MEMBERSHIP DOES NOT EQUATE TO CANCELLATION.

- \$ \_\_\_\_\_ **GENERAL MEMBER** \$200 + \$10 PER FULL-TIME EMPLOYEE, \$5 PER PART-TIME EMPLOYEE
- \$ \_\_\_\_\_ **AGRICULTURE/CONSTRUCTION/RESTAURANT** \$200 + \$6 PER FULL-TIME EMPLOYEE; \$3 PER PART-TIME EMPLOYEE
- \$ \_\_\_\_\_ **PROFESSIONAL** \$200 + \$25 PER PROFESSIONAL + \$10 PER EMPLOYEE  
(DOCTOR, ATTORNEY, CPA, INSURANCE, REAL ESTATE, ENGINEER, SURVEYOR)
- \$ \_\_\_\_\_ **BANKS, SAVINGS & LOANS** \$1000 PER LOCATION + \$10 PER FULL-TIME EMPLOYEE; \$5 PER PART-TIME EMPLOYEE
- \$ \_\_\_\_\_ **CREDIT UNION** \$1000 + \$10 PER EMPLOYEE
- \$ \_\_\_\_\_ **INDUSTRIAL**
  - 1 TO 25 EMPLOYEES \$200 + \$6 PER EMPLOYEE
  - 26-50 EMPLOYEES \$285 + \$3 PER EMPLOYEE
  - 51+ EMPLOYEES \$350+ \$2 PER EMPLOYEE
- \$ \_\_\_\_\_ **MORTGAGE/LENDING** \$315
- \$ \_\_\_\_\_ **INDIVIDUAL, HOME-BASED, PUBLIC OFFICIAL  
NON-PROFIT, SCHOOL, CLERGY** \$130
- \$ \_\_\_\_\_ **RETIREES** \$50
- \$ \_\_\_\_\_ **HOSPITALS, NURSING HOMES, ASSISTED LIVING** \$200 + \$1 PER BED
- \$ \_\_\_\_\_ **HOTELS, MOTELS, BED & BREAKFASTS** \$200 + \$4 PER ROOM
- \$ \_\_\_\_\_ **UTILITIES** \$200 + .07 PER CONNECTION
- \$ \_\_\_\_\_ **ONE-TIME NEW MEMBER FEE** \$15 (A NEW MEMBER IS CONSIDERED TO BE ANYONE WHO IS BRAND NEW TO THE CHAMBER OR THOSE WHO ARE REINSTATING A MEMBERSHIP AFTER 12 MONTHS OF CANCELLATION.)
- \$ \_\_\_\_\_ **ENHANCED MARKETING PACKAGE** \$25 ANNUALLY

TYPE OF PAYMENT: _____ CHECK _____ INVOICE _____ CREDIT CARD (SEE BELOW)				
BILLING ADDRESS: _____				
(IF DIFFERENT)	STREET	CITY	STATE	ZIP
SIGNATURE: _____			DATE: _____	
CREDIT CARD PAYMENT: _____ VISA _____ MASTERCARD _____ DISCOVER				
CARD # _____			EXPIRES: ____/____/____	
NAME ON CARD: _____			VIN# _____	
BILLING ADDRESS: _____				
	STREET	CITY	STATE	ZIP
I AUTHORIZE THE PAYMENT OF \$ _____ PER CARDHOLDER AGREEMENT				
SIGNATURE: _____			DATE: _____	