

ANNUAL MEMBERSHIP INVESTMENT SCHEDULE

A. GENERAL RETAIL, WHOLESALE & SERVICE BUSINESSES

<u>Number of employees</u>	<u>Annual Investment</u>
1-4	\$275.00
5-9	320.00
10-15	385.00
16-19	425.00
20-29	490.00
30-39	555.00
40-49	605.00
50-74	665.00
75-99	785.00
100-299	845.00
300-499	1,015.00
500 or more	1,450.00

B. CHURCHES, SCHOOLS, GOVERNMENT INSTITUTIONS

<u>Number of employees</u>	<u>Annual Investment</u>
1-100	\$270.00
101-200	390.00
201-300	505.00
301 and more	620.00

C. FINANCIAL INSTITUTIONS (Banks & credit unions)
\$275.00 + \$15 per million of assets

D. MOTELS
\$275.00 + \$1.50 per room

E. PROFESSIONAL
(Accountants, architectures, attorneys, chiropractors, dentists, engineers, insurance agents, management/marketing/computer consultants, optometrists, physicians, realtors, stockbrokers, veterinarians, & others with recognized professional's degrees)
\$340.00 + \$15.00 per partners/associate/agent

F. PUBLIC UTILITIES
\$425.00 + \$15.00 per employee (local)

G. EMERITUS
Retired business persons 55 years of age or older (CEO's, owners, managers and professionals)
\$100.00 each

H. COMMUNITY SUPPORTERS
Open to individuals, entrepreneurs, and local non-profit organizations who desire to support the Chamber and the community while increasing individual recognition
\$200.00 each

INVESTMENT FACTS:

- Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes, according to the IRS. Please consult your CPA for further advice.
- The investment schedule is established by the Chamber's Board of Directors. The schedule is rated on the anticipated annual cost of the Chamber's activities, programs and operational expenses.
- New members pay their annual investment on their anniversary date. (i.e. if you join August 1, renewal date is July 31). A new member must pay a full year's investment at the time the application is submitted.

Total Annual Investment: \$ _____

Payment Options: _____ **Check Attached** _____ **Credit Card** _____ **Direct Payment Plan**

DIRECT PAYMENT PLAN:

I hereby authorize the Effingham County Chamber of Commerce to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any prior debit entries in error, to my checking account and the depository as indicated on the voided check to credit and/or debit the same to such account. This authority is to remain in full force and effect until the Chamber has received a 30-day written notice from me of its termination. This authorization will be in effect until either party gives notice to the other of termination. A \$10 fee will be charged any month the automatic withdrawal is not made due to insufficient funds in the designated account.

Direct Payment Plan Payment Options: _____ Annual _____ Semi-Annual _____ 5-Month Pay (January-May)

NAME _____ SIGNATURE _____ DATE _____

****Attach a voided check. Funds will be withdrawn on the 15th of the month.**

CREDIT CARD PAYMENTS:

Cardholder Name _____ Phone #: _____

VISA/MC/Disc Account # _____ Expiration Date: _____ CVV Code: _____

Signature _____

*By signing this, I hereby authorize the Effingham County Chamber of Commerce permission to use provided credit card information for purchase.