



Move Forward With Us

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 www.thecolumbuspage.com
 info@columbuschamber.org



Business Information

Business or Organization Name _____

Physical Address _____ Ph. _____

City _____ St. _____ Zip _____

Mailing Address Same as physical

Street/PO Box _____

City _____ St. _____ Zip _____

Email _____ Website _____

Number of Full Time and Part Time Employees: #FTE _____ #PTE _____

Main Contact Information

Name _____

Title/Role _____

Phone _____

Email _____

Billing Information

Billing Contact: Bill to Main Contact

Name _____

Title/Role _____

Phone _____

Email _____

Billing Address: Same as Mailing Address

Street/PO Box _____

City _____ St. _____ Zip _____

Why did you join the Columbus Chamber?

<input type="checkbox"/> Advocacy/Public Policy	<input type="checkbox"/> Workforce Development
<input type="checkbox"/> Business Assistance	<input type="checkbox"/> Economic Development
<input type="checkbox"/> Business Connections	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Community Involvement	<input type="checkbox"/> All
<input type="checkbox"/> Marketing/Visibility	<input type="checkbox"/> Other

Describe Your Business (200 Characters or Less)

Categories (see directory): _____

Membership Dues

Base Membership (includes owner/manager)	\$260 (71 cents/day)	\$ <u> \$260 </u>
- \$80 per business partner/professional (if any)		+ \$ <u> </u>
- 2-25 employees @ \$13.50 each		+ \$ <u> </u>
- 26-75 employees @ \$7.50 each		+ \$ <u> </u>
- 76 or more employees @ \$5.50 each		+ \$ <u> </u>
2 PT = 1 FT		Subtotal \$ <u> </u>

Financial Institutions	\$260 + Based on deposits	\$ <u> \$260 </u>
or		+ \$ <u> </u>
Utilities	\$260 + Negotiated	Subtotal \$ <u> </u>

Professional	\$260 + \$80 p/ professional	\$ <u> \$260 </u>
		+ \$ <u> </u>
		Subtotal \$ <u> </u>

Friend of Columbus (Not categorized)	\$260	_____
Individual	\$135	_____
Non-Profit (Organizations, Associations, Churches)	\$155	_____

Advertising/Sponsorship Sign Ups	
(You can still sign up for more opportunities to get involved in the Chamber's Program of Work throughout the year)	
	\$ _____
	\$ _____
	\$ _____
Catalyst Monthly Newsletter - <input type="checkbox"/> Mailed Copy <input type="checkbox"/> Email	

Payment Details		
<input type="checkbox"/> Annual Payment	<input type="checkbox"/> Semi-Annual Payment	<input type="checkbox"/> Monthly Invoice
Card # _____ Exp. _____ CVV _____ Zipcode _____		
(For compliance purposes, credit card information is not stored)		

Authorized By: _____ Membership Total: \$ _____

Chamber Rep: _____