

West Chambers County Chamber of Commerce

MEMBERSHIP INVESTMENT FORM

Please present to the Board of Directors this application for membership in the West Chambers County Chamber of Commerce. I agree to invest \$_____ each year until cancellation by written notice thirty (30) days prior to renewal date. I also agree to abide by the West Chambers County Chamber of Commerce By-Laws which are on file at the Chamber office for my review. I understand that failure to abide by the purpose and bylaws of the Chamber could result in termination of my membership. It is my understanding that this investment is non-refundable and non-transferable. I also understand that membership will terminate within sixty (60) days after receipt of statement if annual dues are not paid.

<i>Company Representative's Name</i>	<i>Rep's Title</i>	<i>Rep's Signature</i>	
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Company Name

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Name of Chamber Recruiter

<i>Telephone Number</i>	<i>FAX Number</i>	<i>Number of FULL TIME Employees</i>	
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<i>Email Address</i>	<i>Web Address</i>	<i>Type of Business</i>	
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INVESTMENT STRUCTURE

0-4 FULL TIME employees	225.00	26-40 FULL TIME employees	500.00
5-10 FULL TIME employees	310.00	41-60 FULL TIME employees	600.00
11-25 FULL TIME employees	400.00	61-100 FULL TIME employees	700.00
101+ FULL TIME employees		\$750 plus \$1 per employee	

FOR OFFICE USE ONLY

_____ Member added to Database	_____ Welcome letter mailed
_____ New Member Packet delivered	_____ Ribbon Cutting scheduled

Payment Information

Amount Received: \$ _____ Check # _____ or Cash _____

Received By: _____ MasterCard/Visa: _____

Notes: _____

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