



## 2019 Membership Application

### Member Information:

I was referred by: \_\_\_\_\_

Business Name \_\_\_\_\_ Year Established \_\_\_\_\_

Business Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner, President \_\_\_\_\_

Primary Representative \_\_\_\_\_ Email \_\_\_\_\_

Mailing & Billing Address (if different than above) \_\_\_\_\_

Web Address \_\_\_\_\_

Social Media \_\_\_\_\_

### Representative Information:

Please list additional representatives below.

Name and Title	Mailing Address & Phone Number (only if different from above)	Email Address (if this is the preferred delivery option)

### Category Information: Please view a complete list of chamber categories at [www.crossroadschamber.org](http://www.crossroadschamber.org).

Main Category Listing:

\_\_\_\_\_

Additional listings (gold members receive two additional):

\_\_\_\_\_ and \_\_\_\_\_

## Committee Information:

I would like to volunteer for the following committees (check all that apply):

- Ambassadors
- Corn Roast
- Education
- EPIC Young Professionals
- Expo
- Gala
- Golf Outing
- Voice of Business

## Payment Information:

# Employees	0-5	6-9	10-15	16-20	21-35	36-50	51-75	76-100	101-150	150>
<b>Gold</b>	\$385	\$485	\$625	\$775	\$955	\$1,105	\$1,215	\$1,345	\$1,595	\$3,250
<b>Basic</b>	\$285	\$355	\$470	\$570	\$700	\$815	\$905	\$1,055	\$1,290	\$2,940

\*Plus \$1 for each employee over 151

### Your Annual Investment

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

\$ \_\_\_\_\_ or \_\_\_\_\_ + \$35 First year = \$ \_\_\_\_\_ or \_\_\_\_\_  
 Regular Gold processing fee Regular Gold

Total Investment \$ \_\_\_\_\_

### Payment Options (select one)

- Credit Card (Circle One): Visa American Express Discover MasterCard
- Check Enclosed #: \_\_\_\_\_

Please make checks payable to:

**Crossroads Regional Chamber of Commerce**

If you selected "Credit Card" as your payment option please provide the following information:

Name as it appears on card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

V – Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*The Crossroads Regional Chamber of Commerce name, logo and likeness are the sole property of the Organization and may not be used in or for any written or electronic communication without the express written consent of the Chamber's Executive Committee.*

Signature \_\_\_\_\_ Date \_\_\_\_\_