



## 2018 MEMBERSHIP APPLICATION

### Member Information:

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

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

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

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

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

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

I would prefer to receive my chamber information via:                      Email                      U.S. Mail

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):

- |   |  |
|---|--|
| <input type="checkbox"/> Ambassadors              | <input type="checkbox"/> Golf Outing       |
| <input type="checkbox"/> Corn Roast               | <input type="checkbox"/> Voice of Business |
| <input type="checkbox"/> Education                |  |
| <input type="checkbox"/> EPIC Young Professionals |  |
| <input type="checkbox"/> Expo                     |  |
| <input type="checkbox"/> Food & Arts Festival     |  |
| <input type="checkbox"/> Gala                     |  |

## 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>	\$380	\$480	\$620	\$770	\$950	\$1,100	\$1,210	\$1,340	\$1,590	\$3,245
<b>Basic</b>	\$280	\$350	\$465	\$565	\$695	\$810	\$900	\$1,050	\$1,285	\$2,935

\*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 \_\_\_\_\_

### Share With Us

How did you learn about the Crossroads Regional Chamber of Commerce? (Check the one that applies)

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

I attended \_\_\_\_\_

Newspaper Article

Social Media

Other: \_\_\_\_\_

What goals do you have for your membership and how can we best assist you in reaching those goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is your organization's marketing manager:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Please email your company's logo in a .jpeg or other high quality file to [Shellie@crossroadschamber.org](mailto:Shellie@crossroadschamber.org)