

**MEMBERSHIP APPLICATION**

**Business Information:**

\_\_\_\_\_  
Name of Business, Non-Profit, or Individual

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business Street Address (Include City, State and Zip Code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

\_\_\_\_\_  
Facebook Page

\_\_\_\_\_  
Twitter Page

\_\_\_\_\_  
Number of Employees (Full-Time/Part-Time)

\_\_\_\_\_  
Is a state license required for your business?

\_\_\_\_\_  
Description of the Business

\_\_\_\_\_  
Preferred Method of Contact:

\_\_\_\_\_  
Business Established Date:

**Billing Information (if different):**

\_\_\_\_\_  
Business Contact Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address (Include City, State and Zip Code)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website

**Photo Release:**

I grant to Cochran-Bleckley Chamber of Commerce, its representatives and employees the right to take photographs of me and my property in connection with advertising my business, events, promotions, etc.

I authorize Cochran-Bleckley Chamber of Commerce, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Cochran-Bleckley Chamber of Commerce may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print name

**SCHEDULE OF INVESTMENT**

➤ <b>Financial Institutions:</b>	<b>\$750.00</b>	➤ <b>General Business:</b>	
➤ <b>Utility Companies:</b>	<b>\$500.00</b>	Tier 1 – 1-25 employees	<b>\$150.00</b>
Water, electricity, gas, etc.		Tier 2 – 26-50 employees	<b>\$200.00</b>
➤ <b>Professional Services:</b>	<b>\$250.00</b>	Tier 3 – 51+ employees	<b>\$250.00</b>
Physicians, dentists, attorneys, accountants, insurance agencies, veterinarians, lending institutions, financials advisors, real estate agents, architects, pest control, HVAC, pharmacies, contractors, etc.		➤ <b>Associations:</b>	<b>\$75.00</b>
➤ <b>Health Care Institutions:</b>		Civic clubs, non-profits, churches, etc.	
Tier 1 – 1-50 employees	<b>\$150.00</b>	➤ <b>Personal Members:</b>	
Tier 2 – 50+ employees	<b>\$300.00</b>	Couple	<b>\$75.00</b>
➤ <b>Educational Facilities:</b>	<b>\$150.00</b>	Individual	<b>\$50.00</b>

\* An individual member shall be defined as any person who is not eligible for membership as a business. Individual memberships do not carry business designations, so investments are at a lesser rate.

For Office Use Only:	Application Received: ____/____/____	Amount Paid: \$_____
Payment Type:	Cash    Check    Money Order    Credit Card    VISA    MasterCard    AMEX    Discover	
Name on Card:	_____ # _____	
Exp. Date:	_____ CVV # _____	