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Working For You!

MEMBERSHIP APPLICATION

Part 1 - Membership Information

Information in this section will be listed on our Website, entered in our database and other publications.

Company Name _____

Marketing Name _____
 (as you wish it to appear on print materials)

Number of Full-Time Employees _____

Street Address _____

City _____ State _____ Zip _____

Company Phone () _____ Company Fax () _____

Company E-mail _____

Business Description _____

Website _____

Part 2 - Contact Information

A company's Main Contact will receive all print and electronic communications in addition to invoices.

Main Contact _____

Mr. Mrs. Ms. Dr. Other

Title _____ E-mail _____

Phone _____ Fax _____

The Secondary Contact will also receive print and electronic communication.

Secondary Contact _____

Mr. Mrs. Ms. Dr. Other

Title _____ E-mail _____

Phone _____ Fax _____

Part 2 - Contact Information (continued)

Additional contacts will receive electronic communication.

Additional Contact _____

Mr. Mrs. Ms. Dr. Other

Title _____ E-mail _____

Phone _____ Fax _____

Part 3 – Additional Information (if applicable)

Mailing Address (if different from street address above)

City _____ State _____ Zip _____

Different Billing Contact _____

Different Billing Address _____

City _____ State _____ Zip _____

This section is for companies having a different mailing and/or billing address from the physical location listed on the previous page.

Part 4 – Chamber Investment (select appropriate level)

MEMBERSHIP DUES	1 Payment	2 Payments	4 Payments
Companies with 1-5 employees	\$125.00/year	\$65.00	\$33.00
Companies with 6-15 employees	\$200.00/year	\$103.00	\$52.00
Companies with 16-50 employees	\$300.00/year	\$155.00	\$78.00
Companies with over 51 employees	\$500.00/year	\$257.00	\$129.00
Non-Profit Organizations	\$50.00/year	\$26.00	
Leads Group Dues	\$50.00/year	\$26.00	

ALL payments must be made by MasterCard/Visa or check and will be automatically debited according to the payment schedule selected.

Part 5 – Payment Options

Membership is subject to approval by the Greater Riverview Chamber of Commerce Board of Directors.

Check Check No. _____
(Payable to Greater Riverview Chamber of Commerce)

Credit Card (Full Payment)

Payment Option (circle correct option above)

Name on Card _____

Credit Card Number _____

Billing Address _____

Expiration Date _____ Signature _____

The Greater Riverview Chamber is a not-for-profit 501(c)(6) organization. Tax ID #59-2239334