



2011 MEMBERSHIP APPLICATION

Applicant Information:

Business or Individual Name: _____

Business Type (ex. Bank, Cleaning, etc.) _____

Contact Person (s): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Additional Phone (optional)** _____

Fax: _____ **Cell Phone (optional)** _____

Email Address: _____

Website Address: _____

MEMBERSHIP INVESTMENT SCHEDULE

1 - 5 Full Time Employees: \$175	50 - 99 Full Time Employees: \$475
6 - 12 Full Time Employees: \$200	100+ Full Time Employees: \$575
13 - 24 Full Time Employees: \$275	Churches and Civic Organizations: \$100
25 - 49 Full Time Employees: \$350	Individuals not representing a company: \$80

PERMANENT MEMBER NAME TAG: \$8.00

NEW MEMBER PROCESSING FEE: \$35

Member Dues:

Full Time Employees: _____ **Annual Chamber Dues (see schedule above):** _____

Individual **Civic/Church**

New Member Processing Fee (\$35): _____

Member Name Tag (Optional; \$8.00): _____

TOTAL DUE: _____

New Member Signature: _____ **Date:** _____

New Member Sponsor: _____

Please complete your application and submit with payment to:

Debbie Pace, President

Madison-Rivergate Area Chamber of Commerce

P.O. Box 97 * Madison, TN 37116-0097

Make check payable to: Madison-Rivergate Area Chamber of Commerce