



**'Your Connection to
Success'**

Membership Application

Rep: _____

General Information

Company Name (DBA): _____

Mark Phone Number to be published with "x":

___ Primary Phone: _____ Fax: _____

___ Alternate Phone: _____ Email: _____

___ Toll Free Phone: _____ Web _____

___ Cell Phone: _____

Address to be published (Circle One): Physical / Mailing / None

Physical Address: _____

City/State/Zip: _____ / _____ / _____

Mailing Address: _____

City/State/Zip: _____ / _____ / _____

Log in Name (Same as Company Name) _____

Password (5 to 12 characters including 1 number) _____

Join Date: _____ Full-time Employees: _____ Part-time Employees: _____

Categories: (refer to list) _____

Primary Contact

First _____ Last _____

Email: _____

Mailing Address: _____

City/State/Zip: _____ / _____ / _____

Title: _____ Phone: (w) _____ (cell) _____

(alternate) _____ Fax: _____

Web Display Information

Description (200 Characters) _____

Hours of Operation: (100 Characters) _____

Driving Directions (200 Characters) _____

(Continued on Back)

8 Search Keywords: _____

Billing Information

Annual Membership Investment:

Base Rate: \$260 (\$25 discount off Base Rate for multiple businesses) \$ _____
Plus Full-Time Employees: \$16 each # _____ \$ _____
(Add'l \$20 to have name listed on Web/Directory) # _____ \$ _____
Plus Part-Time Employees: \$10 each # _____ \$ _____
(Add'l \$20 to have listed on Web/Directory) # _____ \$ _____

Add'l Contacts:

Pro-Associate Investment: (\$90 each person) \$ _____

Non-Profit Organization - 501 C3: (\$143) \$ _____

Out-of-Area Investment: (\$410) \$ _____

Individual Membership: (\$100) (No organization/business affiliation) \$ _____

Additional Category (up to 2) - \$40 (annually): \$ _____

Categories thereafter, \$30 each (annually): \$ _____

(Enhanced Web Options are available from ChamberMaster, a representative will be contacting you)

TOTAL ANNUAL MEMBERSHIP INVESTMENT <i>(Non-refundable)</i>	\$ _____
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Membership applications will be processed upon receipt of your payment.

Payable to: Evergreen Area Chamber of Commerce

For Chamber Office Use: Chamber Rep: _____ Amount Paid: \$ _____

Payment: ___ M/C ___ VISA ___ AMEX ___ Check # _____

Name on card: _____ Exp. _____

Credit Card Number: _____ Mailing Zip Code: _____

CONTRACTUAL AGREEMENT:

I understand that this annual membership will be continuous until I have resigned in writing prior to due date or for non-payment of dues after 90 days from due date unless other arrangements have been made with the Chamber office.

Signed _____ Date: _____