

Membership Application

Company Name: _____ No. of Employees: _____

Or Individual/Non-Profit

Primary Representative: _____ Title: _____

Physical Address: _____ Printed in Directory unless
 marked as private

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Please provide us with your email address so that we can send you information on community events, advertising opportunities, business seminars, workshops, Business After Hours, etc...

Please give us a few sentences about your business:

The applicant accepts this invitation to join the Belhaven Community Chamber of Commerce. This membership automatically renews itself unless written notice of resignation is received. You will be invoiced each successive year.

Signature: _____ Date: _____

Yearly dues are as follows: Individuals*	\$ 50.00
Non-profit Organizations	\$ 50.00
Businesses	
Less than 10 employees	\$150.00
11 or more employees	\$200.00

***If you pay the individual fee, your business will not receive free advertising opportunities.**

Would like to host a Business After Hours? Yes ___ No ___

Annual Sponsorship (Refer to Sponsorship Level and Rates on Next Page)

Sponsorship Level: _____

Amount enclosed: \$ _____

If any information changes, please let us know as soon as possible so that we may properly refer your business! Feel free to come by and bring us new business cards, brochures, pamphlets, newsletters, etc... so that we may distribute them for you.

When we receive your membership dues you will receive a plaque to display in a visible area denoting that you are a current Chamber member!