

## **Business Membership Application**

Business Name:					
Business/Company Owner:					
Principal Company Represe	entative:				
Street Address:		City: _		State:	Zip:
Billing Name/Address:			City:	State:	Zip:
Business Phone:			Personal Phone:		
Fax Number:		_ Email Address:			
Web Site: www			Number of Employees:		
Include my business in the	Classic Curi	rency Program (ch	eck one)	( ) include	( ) no thank you
I wish for my information t	o be (check	one) ( ) made pub	olic ()	kept private	
Business Hours: No	_ Are you interested in volunteering?   — Yes   —				
Memberships are January 1 <sup>st</sup> th will be terminated and all chamb			Memberships r	not renewed with	nin 15 days of second notice
Authorized Signature:	Date: Member Referral:				
Printed Name:				rrai:	
		Sponsorship dition to your membership appgrade to one of these spo	investment, you		
<b>fold</b> sponsor: <b>\$2,250</b> esignates you as a Gold sponsor at (3 namber events (See list below)	Per sponsor: \$1,650 nates you as a Silver sponsor at (3) Sper events (See list below).  Bronze sponsor: \$1,050 Designates you as a Bronze sponsor at (3) Sper events (See list below).				
	As a Level Sp	onsor, please choose 3	of the annual e	vents below.	
Annual Events Schedu	le:	Chamber are not a	a charitable	expense for f	ederal income tax pur
State of the City (Jan)	[]	Credit Card Pay	ment Inforn	nation:	
Chamber Awards Banquet (March)	[]	Name on Card: _			
Groovy Grapes Wine Walk (Apr)		Address: City:		State:	Zip:
Business Expo (Sept)		Credit Card Type:   Discover   MasterCard   Visa  Credit Card #:  Exp. Date:CVV2 #: (3 or 4 digits on back)  Amount Charged: \$			
Golf Tournament (Oct)					
REDS. WHEATS.& BLUES Fest (Nov)					