



2025 MEMBERSHIP APPLICATION

Business/Organization: _____ Date: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Cell: _____

Business E-Mail: _____ Website: _____

Number of Employees: Full Time: _____ Part Time: _____

Date Business/Organization was established: Month: _____ Year: _____

Category you would like Business/Organization listed in Membership Directory: _____

Referred to join Chamber by: _____

2025 MEMBERSHIP INVESTMENT

(Refer to Membership Investment Level page to check which one applies.)

INVESTMENT LEVEL:

Business Membership (available to business with 10 or less employees)

Business Plus Membership (available for business with more than 50 employees)

Premier Membership (available for businesses with more than 100 employees)

Investor Membership (to be approved by Executive Director)

Charitable/Non Profit Organization Membership (to be approved by Executive Director)

DUES:

\$425 { }

\$626 { }

\$817 { }

\$1,080 { }

\$138 { }

The prices include a one time Membership Application Fee.

PAYMENT INFORMATION:

Check Amount Enclosed: \$ _____ OR Cash Amount Paid: \$ _____

Credit Card #: _____ Exp. Date: _____

Billing Zip Code: _____ Security Code: _____

Applicant Signature: _____ Date: _____