

Chamber Member Application

Business Name: _____

Type of Business: _____

Contact Person: _____

Address: _____

Mailing: _____
(if different)

Business Phone: _____

Business Fax: _____

Website: _____ Email: _____

Please describe your business for our website.
(up to 50 words)

Membership Dues

[] Non-Profit Organization \$75.00 x 1 = _____
(Includes 3 Full-Time Employees)

[] Base Business Membership \$199.00 x 1 = _____
(Includes 3 Full-Time Employees)

Each Additional Full-Time Employee \$5 x ____ = _____

Each Additional Part-Time Employee \$3 x ____ = _____

[] Distinguished Sponsorship \$2,000.00 x 1 = _____

Total Amount Due: _____

Please make payable to the:
Florence Chamber of Commerce

Signature: _____ Date: _____

For Office Use Only

Payment Schedule

Annual Semi-Annual Quarterly

Discounts applied? _____ Pro-rated Amount? _____

Accepted by: _____ Check #: _____