



Membership Application

3/09

COMPANY NAME _____

CONTACT PERSON _____ TITLE _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL _____ WEB _____

ADDRESS _____

City

State

Zip Code

BUSINESS CATEGORY _____

WEBSITE BUSINESS DESCRIPTION _____

2009 MEMBERSHIP INVESTMENT SCHEDULE

OF STAFF 1-YEAR INVESTMENT

- NON-BUSINESS INDIVIDUAL \$95.00
- DIRECT SALES REP./NON-PROFIT \$125.00
- GOVERNMENT \$175.00
- 1-2 EMPLOYEES \$190.00
- 3-5 EMPLOYEES \$250.00
- 6-10 EMPLOYEES \$310.00
- 11-15 EMPLOYEES \$370.00
- 16-30 EMPLOYEES \$500.00
- 31-49 EMPLOYEES \$550.00
- 50 + EMPLOYEES \$610.00

Note: 2 P/T Employees = 1 F/T Employee; Include 1 Owner as 1 F/T Employee

OFFICE USE ONLY

Date Joined _____

Welcome Letter Plaque Mixer

1-Year Membership \$ _____

\$30.00 Processing Fee \$ _____
One Time Only

Total Investment \$ _____

Payment Method Visa M/C Cash

Check # _____

Please Make Checks Payable To SBC Chamber

CC# _____ Exp. _____

Signature _____

Chamber Rep _____ Date _____

Referred By _____ Date _____