The Greater
Madison County Chamber of Commerce

Business
Membership Application

Contact Name ___________________________________________ Date ____________________________

Business/Organization Name _______________________________________

Address _____________________________________________

Mailing Address (PO Box or Street Address) ____________________________ City __________ ZIP ____________

Physical Address _____________________________

Street Address _____________________________________________

Email Address _____________________________________________ Website _____________________________

Cell Phone _____________________________ Office Phone _____________________________ Fax __________

Preferred Payment Method _____________________________ (Check by Mail or Credit/Debit Card (Online Invoice)

Please DO NOT provide your Credit or Debit Card information here.

(If you prefer to pay by Credit or Debit Card, your invoice will be sent to the email address provided above.)

Description of Products or Services Offered _____________________________________________

Special Information About Your or Your Business (Goals/Future plans, specialty products, community support, etc.) _____________________________________________

Directions to Your Business from Downtown _____________________________________________

Annual Membership Rates

1-5 Employees $100
6-10 Employees $150
11-20 Employees $200
21-50 Employees $250
51-75 Employees $300
76-100 Employees $350
100+ Employees $400
Banks & Utilities $500
Churches & Nonprofits $50

Please Add a One-Time Administration Fee of $15

Membership Goals

☐ Business Contacts & Networking
☐ Advancing Business Issues
☐ Event Sponsorship
☐ Seminars (Presenting or Attending)
☐ Community Projects

Type of Business

☐ Agriculture ☐ Medical
☐ Attraction ☐ Medical
☐ Church ☐ Nonprofit
☐ Construction ☐ Professional
☐ Education ☐ Real Estate
☐ Finance ☐ Restaurant
☐ Government ☐ Retail
☐ Industrial ☐ Service
☐ Lodging ☐ Utility
☐ Manufacturing ☐ "Other"

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*Please Explain Other: _____________________________________________

Signature _____________________________________________

Print Name _____________________________________________

Date Signed ___________

Membership Application Revised 1/26/2018