

ABOUT YOUR BUSINESS



MEMBER INFORMATION

Company/FOTC Name: _____

Company Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Toll Free: _____

Company Fax: _____ Website: _____

Owner First and Last Name: _____

Owner Email: _____

Billing Representative First and Last Name: _____

Billing Representative Email: _____

Facebook Address: _____

Twitter: _____

Linked In: _____

MEMBERSHIP COSTS

\$275 Primary Business Investment \$ _____

\$200 Second Business Investment \$ _____

\$100 Third Business Investment \$ _____

\$150 Non-Profit Investment \$ _____

\$200 Artist \$ _____

\$50 Friend of the Chamber (no business/organization affiliation) \$ _____

Member Upgrades (Please Detail) \$ _____

TOTAL \$ _____

PAYMENT INFORMATION

_____ Check Enclosed: Check Number _____ Check Amount: \$ _____

_____ Credit Card: Visa _____ MasterCard _____

Credit Card Number _____ - _____ - _____ - _____ Exp. Date _____

Three Digit V-Code (from back): _____ Card Holder Name: _____

Card Holder Signature: _____ Date: _____

*Please be advised, your membership will not be active and company information added to the website until the Chamber has been paid in full unless a payment arrangement has been made. Payment arrangements for four month periods will be authorized by speaking to the Executive Director. Only pre-authorized Credit Card Payments will be accepted.

Please charge my card on the first Tuesday of every month for **two** months in the amount of \$ _____ per month.