

Montcross Area Chamber MEMBERSHIP APPLICATION

New Member

Date: _____

Company (or individual) name _____

1st Contact _____ Title _____ E-mail _____

2nd Contact _____ Title _____ E-mail _____

Street address _____ PO Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Business classification (per Gaston County Yellow Pages) _____
(Additional business classification is \$10 per classification) _____

Number of employees _____ Authorizing signature _____

**Membership investment
to receive all benefits for 12 months**

**Circle correct amount. For businesses,
2 part-time employees equal 1 full-time.**

- Individual, Retired (personal only, no business listing) \$ 85.00
- Churches, 501c3 Non-Profit or Civic Organization \$ 150.00
- Business:
 - 1 to 5 employees \$ 180.00
 - 6 to 10 employees \$ 230.00
 - 11 to 15 employees \$ 275.00
 - 16 to 20 employees \$ 350.00
 - 21 to 50 employees \$ 400.00
 - 51 to 100 employees \$ 450.00
 - 101 or more employees \$ 550.00

(A) Enter amount of annual membership dues circled above \$ _____

(B) Include a link to my website in the Chamber's Online Membership Directory for only \$60 per year. (Print your website address below.) \$ _____

Website: www. _____

TOTAL MEMBERSHIP INVESTMENT (A + B)

\$ _____

Method of payment (check one)

- Check enclosed Send me an invoice Charge to my Visa _____ Master Card _____

Name on card _____ Acct. # _____ Expires _____ Zip _____

MAKE CHECK TO AND MAIL TO:
Montcross Area
Chamber of Commerce
P.O. Box 368
Belmont, NC 28012



OR FAX TO:
704.825.5550
Telephone: 704.825.5307
info@belmontchamber.com
www.montcrossareachamber.com

INTERNAL USE
Date: _____
Payment: _____
New Member Packet: _____