Membership Sweepstakes 2009

Montcross Area Chamber MEMBERSHIP APPLICATION

Print Sponsoring Member's Name Here

☐ New Member ☐ Updating Existing Member Information 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	$ 175.00
	6 to 10 employees	$ 225.00
	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
☐ Affiliate Member: If you work for a business that is a member, you can get your own membership for only		……$ 100.00

(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

MONTCROSS AREA CHAMBER OF COMMERCE
BELMONT · CRAMERTON · LOWELL · MCADENVILLE · MOUNT HOLLY · STANLEY

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