



MEMBERSHIP APPLICATION
 Williamston Area Chamber of Commerce
 Return with payment to address below.



A BUSINESS NAME: _____
 OWNER / CONTACT: _____
 PHONE #: _____
 FAX #: _____
 E-MAIL: _____
 WEBSITE: _____
 ADDRESS: _____
 BUS. ANNIV. DATE: _____

B BUSINESS INFORMATION. *(Business hours, description of business, etc.)*

C MEMBERSHIP CATEGORY: Circle the appropriate category (2 part-time employees equal 1 full-time employee).
 Membership year runs from January – December.

Annual Dues – Circle One:

- \$175.00 1-4 Full-Time Employees
- \$225.00 5-14 Full-Time Employees
- \$275.00 15-49 Full-Time Employees
- \$325.00 50-99 Full-Time Employees
- \$375.00 100+ Full-Time Employees

- \$ 50.00 Retired or Non-Business Individual
- \$ 75.00 Non-Profit Clubs, Service Organizations
- \$100.00 Home-Based Business
- \$250.00 Schools
- \$350.00 Financial Institutions
- \$350.00 Government Agencies
- \$500.00 Public Utilities

\$100.00 Additional Businesses by Same Owner (after paying full member dues for largest business)

1. Pay your membership for 3 years, and you can deduct 15% from your total payment.

2. Pay your membership for 5 years, and you can deduct 25% from your total payment.

Membership dues may be tax deductible as an ordinary and necessary business expense. The Chamber is a non-profit organization.

OFFICE USE: A E C N S W

D PAYMENT METHOD: Cash, check, Visa, Master Card, Discover, and all debit cards. Your payment can be spread over three months, contact the Chamber office to set this up.

Checks should be made payable to the **Williamston Area Chamber of Commerce.**

Credit / Debit Card

Name on Card: _____
 Card #: _____ Type of Card _____
 Expiration Date: _____ V Code: _____ (3-digit # on the back of card)