

Montcross Area Chamber MEMBERSHIP APPLICATION

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) _____

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.**

- | | |
|---|-----------|
| <input type="checkbox"/> Individual, Retired (personal only, no business listing) | \$ 85.00 |
| <input type="checkbox"/> Churches, 501c3 Non-Profit or Civic Organization | \$ 150.00 |
| <input type="checkbox"/> 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 |

(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 _____

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



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