

# Wetumpka Area Chamber of Commerce Membership Application

Please fill out the Membership Application and return it to the Wetumpka Area Chamber of Commerce along with your annual investment. (Membership in the Wetumpka Area Chamber of Commerce is tax deductible as a business expense)

---

COMPANY NAME \_\_\_\_\_

---

PRIMARY REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_

---

STREET ADDRESS \_\_\_\_\_

---

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

---

MAILING ADDRESS (if different from above) \_\_\_\_\_

---

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

---

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

---

E-MAIL ADDRESS \_\_\_\_\_ WEB SITE \_\_\_\_\_

---

BUSINESS TYPE \_\_\_\_\_

---

NUMBER OF EMPLOYEES \_\_\_\_\_ HOME BASED BUSINESS: YES/NO \_\_\_\_\_ MINORITY-OWNED BUSINESS: YES/NO \_\_\_\_\_

**Additional Representatives**

---

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

---

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

**Please Circle Your Committee Preferences (If Any):**

AMBASSADORS	EVENTS	BUILDING RENOVATION
DOWNTOWN PROMOTION	ECONOMIC DEVELOPMENT	TOURISM

**Investment Schedule**

**BUSINESS MEMBERSHIPS**

Seniors (Over 65 years of age)	<b>\$50</b>	
Individual (Not affiliated with a company)	<b>\$100</b>	
Small Business (Less than 3 employees, Churches, Non-Profits, Civic Clubs)	<b>\$175</b>	
Bronze Level (Less than 15 employees, Schools or Licensed Professional Occupations)	<b>\$300</b>	
Silver Level (Less than 50 employees)	<b>\$450</b>	Catalyst Level <b>\$1,500</b>
Gold Level (Less than 100 employees)	<b>\$675</b>	Keystone Level <b>\$3,000</b>
Platinum Level (100+ employees, Banks, Utilities)	<b>\$800</b>	Chairman's Circle <b>\$5,000</b>
Enhanced Chamber Web Listing	<b>\$25*</b>	Legacy Level <b>\$10,000</b>

(\*In addition to membership. Optional upgrade of standard web listing in the Chamber online database to an enhanced listing which includes; Business Description, Hours of Operation, Location Map, Main Representative, Email, Logo & Photo Gallery)

**Payment Schedule**

Credit Card       Check       Cash      Amount of Chamber Investment: \_\_\_\_\_

---

Circle one: Master Card/Visa Number      Account Number      Expiration Date      3 Digit Security CVV Code      Billing Zip Code

---

Name on Card      Signature      Date