



### Application For Membership

Company/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Membership:  Business  Sole Proprietor  Non-Profit  Individual

Number of Employees: Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

Business Began: \_\_\_\_\_

Type of Business/Product or Service Provided: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Facebook: <http://facebook.com/pages/> \_\_\_\_\_

Twitter: <http://twitter.com/> \_\_\_\_\_

Referred By: \_\_\_\_\_

Membership Directory/Website Listing:

1. Category listing: \_\_\_\_\_

2. Category listing: \_\_\_\_\_

Membership Investment:

**TOTAL AMOUNT OF ANNUAL INVESTMENT: \$** \_\_\_\_\_

(See Membership Investment Schedule on Reverse)

**Optional: Two Year Membership (Save 10%) \$** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Payment:  Check (Check # \_\_\_\_\_)  Cash  Credit Card \_\_\_\_\_ (MC/VISA/DISCOVER)

Credit Card No: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chamber dues are tax deductible as charitable contributions, or can be used as a necessary business expense. The Chamber is not a charity organization, but serves as an advocate organization for area businesses. The Shenandoah County Chamber reserves the right to refuse any application without cause.

**Shenandoah County Chamber of Commerce  
Annual Membership Investment Schedule**

**General Business**

<i># of Employees</i>	<i>Cost</i>
1– 5	\$100
6– 10	\$175
11– 25	\$225
26–50	\$300
51– 100	\$350
101+	\$425

**Non-profit Organizations (501(c)3 only)                      \$90**

**Home Based Business    \$75**

**Individual Members** (Persons not affiliated with a company or business. Individual memberships are not available to a person with an existing business in Shenandoah County)      **\$50**

**Additional Staff and/or Representative(s) who would like to receive our weekly eNews and Happenings (i.e. HR Director for Job Fair info; Marketing Director; Sales Manager, etc):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Membership will renew itself annually unless written notification of cancellation is received. Investment paid is non-refundable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For more information or questions call 540-459-2542  
director@shenandoahcountychamber.com**

Office Use Only

Website Directory: \_\_\_\_\_ eNews: \_\_\_\_\_ Welcome: \_\_\_\_\_ FB: \_\_\_\_\_ Date: \_\_\_\_\_