



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:

(Members will be listed in two business categories Each additional category listing is \$25 per year.)

1. & 2. Category listings: _____

3. Additional category listing @ \$25/year: _____

Membership Investment:

TOTAL AMOUNT OF ANNUAL INVESTMENT: \$ _____

(See Membership Investment Schedule on Reverse)

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

Additional Directory Listing (\$25/year) \$ _____

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.

PO Box 605 • Woodstock, VA 22664 • 540-459-2542

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

General Business

<i># of Employees</i>	<i>Cost</i>	<i># of Representatives</i>
1– 5	\$100	1
6– 10	\$175	1
11– 25	\$225	up to 2*
26– 50	\$300	up to 2*
51– 100	\$350	up to 3*
101+	\$425	up to 4*

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

Sole Proprietorship/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 Member Representative(s):

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

Office Use Only
Sponsor: _____ Date: _____
Directory/Newsletter/Welcome