



MEMBERSHIP APPLICATION

Today's Date _____ Date Company Started _____

Business Name _____

Main Contact, Title _____ Email _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Number of Full Time Equivalent Employees _____ Website _____

Business Email _____

Secondary Contacts:

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

MEMBERSHIP INVESTMENT SCHEDULE

A one-time \$50 administration fee is due upon joining.

GENERAL CATEGORIES:

If your business does not fall into one of the specific categories at right the investment formula is based on full-time (40 hours/week) equivalent number of employees.

NUMBER OF EMPLOYEES:

- 1 – 3 Employees: \$295
- 4 – 100 Employees: \$295 + \$10.50 per employee > 3
- 101 – 200 Employees: \$1348 + \$5.25 per employee > 100
- 201 – 500 Employees: \$2393 + \$2.65 per employee > 200
- Over 500 Employees: \$3179 + \$1.27 per employee > 500

SPECIFIC CATEGORIES:

- **Professionals**
\$295 + \$99 per additional partner or licensed personnel
- **Realtors**
\$295 + \$99 per partner + \$30 per additional Realtor
- **Attorneys**
\$295 + \$99 per additional partner/principal or licensed personnel
- **Financial Institutions**
\$295 + \$19 per million in deposits
- **Grocery Stores**
\$295 + \$1.30 per hundred square feet
- **Hotel / Motel**
With banquet facilities: \$295 + \$5.25 per room.
Without banquet facilities: \$295 + \$2.62 per room
- **Insurance or Investments**
\$295 + \$99 per additional partner or licensed agent
- **Government / Non-profit**
\$295
- **Retiree/Student/Recent Graduate**
\$75
- **Individual**
\$150 (for individuals not working for a commercial business)
- **Additional Business Locations**
\$110 + \$10.50 per employee

For Office Use Only	
Payment Options: _____ Cash _____ Check Charge: _____ Visa _____ Master Card _____ American Express Card Number _____ Card Holder _____ Expiration Date _____ Billing Cycle _____ Billing Zip code _____	Dues Billed: _____ Admin. Fee: _____ Other Charges: _____ TOTAL: _____