

“Fair Share” Investment Plan

This is an approved guide to assist you in determining your “fair share” support of the Cherokee County Chamber. Please use the highest column applicable to your business. *Please note: 2 part-time employees = 1 full-time employee.*

# of Employees	Investment	# of Representatives
0-2	\$275.00	1
3-6	330.00	2
7-10	385.00	3
11-15	440.00	4
16-20	550.00	5
21-30	660.00	6
31-50	825.00	7
51-75	1375.00	8
76-100	1870.00	9
100+	<i>As Negotiated</i>	10
Retired Individual	\$93.50	1
Individual*	137.50	1
Church or Non-Profit	137.50	1
Realtors**	220.00	1
Utilities	<i>As Negotiated</i>	<i>As Negotiated</i>

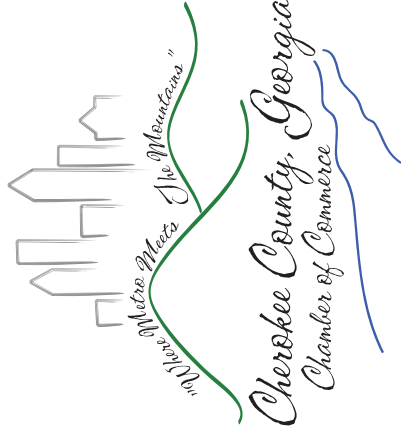
* *Individual membership has NO company listing.*

** *Must be associated with Broker with current membership.*

To determine the investment fee for a banking institution, locate combined total amount of deposits for all locations in Cherokee County in the following table.

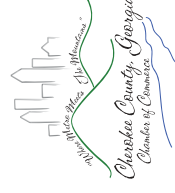
Deposit Amount (In millions)	Investment	# of Representatives
\$0-30	\$1100	8
\$31-\$80	\$1650	9
\$81-\$110	\$2200	10
\$111-\$300	\$2750	12
\$300 and up	\$3300	15

Date of Last Membership Investment Structure Revision: February 2008



Cherokee County Chamber of Commerce

Membership Application



P.O. Box 4998
Canton, GA 30114
Phone: 770-345-0400
Fax: 770-345-0030

www.CherokeeChamber.com



Cherokee County Chamber of Commerce Membership Application

Directory Information (to be published)

Company Name: _____

Physical Address: _____

City: _____ ST: _____ Zip _____

Phone: _____ Fax: _____

Website: _____

Business Classification: _____

Additional business classification(s) \$25 each:

Main Contact: _____

Main Contact Title: _____

Main Contact Email: _____

Alternate Address: Billing Mailing

City: _____ ST _____ Zip _____

Number of Employees: _____

Date Business Established: _____

Additional Representatives:

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____

Email: _____

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____

Email: _____

Please list additional representatives on a separate sheet.

Included with membership investment:

- *Listing in Online Directory
- *Email link from your listing
- *Main Contact info with listing
- *Clickable Map
- *Hyperlink to your website
- *Special offers feature

Website Listing Enhancements

Platinum Listing - \$108/year

- *Pop to the Top of Category Search
Your listing will be displayed at the top of page in category searches.
- *Highlighted Alphabetical Listing
- *Logo and/or Photo with listing
- *50 Word Description (used in keyword searches)

Gold Listing - \$84/year

- *Highlighted Alphabetical Listing
- *Logo and/or Photo with listing
- *50 Word Description
(used in keyword searches)

Silver Listing - \$60/year

- *Logo and/or Photo with listing
- *50 Word Description
(used in keyword searches)

Chamber Membership Investment \$ _____

(See Fair Share Investment Plan on back)

Additional Business Classifications @ \$25 \$ _____

Website Listing Enhancements \$ _____

Total Due \$ _____

Membership investment is non-refundable.

I prefer to be contacted via:

Email Fax U.S. Mail

I understand that, upon acceptance, this application constitutes a continuing agreement, and that membership in the Cherokee County Chamber of Commerce will continue, with dues payable annually, until such time as this agreement is terminated by either party.

Signature: _____ Date: _____

Note: Your membership investment is tax deductible as a business expense - not as a contribution.

For Office Use Only

Solicited by: _____ Membership Account Number _____

ED#: _____ Check Number: _____ Date Deposited: _____

Please make checks/money orders payable to the Cherokee County Chamber of Commerce and send to:

Cherokee County Chamber of Commerce * P.O. Box 4998 * Canton, GA 30114

Phone: 770-345-0400 Fax: 770-345-0030

Credit Card Payment Options (circle one):



Account Number _____ Name on Card: _____

Expiration Date: _____ Billing Address Number: _____ Zip: _____

CVV Code: _____
Visa, MasterCard and Discover: Last 3 digits after the credit card number on the back of the card in the signature area.
American Express: A four digit number printed on the front of the card, above and to the right of the embossed card number.

Amount: \$ _____ Authorized Signature: _____