



Membership Application



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

Additional Representative:

Name: _____
Address: _____
City: _____ ST: _____ Zip _____
Phone: _____
Email: _____

Name: _____
Address: _____
City: _____ ST: _____ Zip _____
Phone: _____
Email: _____

Name: _____
Address: _____
City: _____ ST: _____ Zip _____
Phone: _____
Email: _____

Name: _____
Address: _____
City: _____ ST: _____ Zip _____
Phone: _____
Email: _____

For Office Use Only

Solicited by: _____ Membership Account Number _____
ED#: _____ Check Number: _____ Date Deposited: _____



Membership Application

Directory Information (to be published)

Company Name: _____

Physical Address: _____

City: _____ ST: _____ Zip _____ - _____

Phone: _____ Fax: _____

Website: _____

Linked In: _____

Twitter: _____

Facebook: _____

Business Classification: _____

Additional business classification(s) \$25 each:

Main Contact: _____

Main Contact Title: _____

Main Contact Email: _____

I prefer to be contacted via: Email U.S. Mail

Alternate Address: Billing Mailing

City: _____ ST: _____ Zip _____ - _____

Number of Employees: _____

Date Business Established: _____

Additional Representative:

Name: _____

Address: _____

City: _____ ST: _____ Zip _____ - _____

Phone: _____

Email: _____

Please list additional representatives on back.

"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

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

Optional Platinum Website Listing: \$108 per 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*)

Chamber Membership Investment \$ _____
 (See Fair Share Investment Plan Above)

Additional Business Classifications @ \$25 \$ _____

Platinum Website Listing (\$108) \$ _____

Membership investment is non-refundable. **Total Due** \$ _____

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.*

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: _____