

## MEMBERSHIP INFORMATION FORM

The Membership Committee would like all current Chamber members to *update their records* with the Chamber by filling out this Membership Application Form and returning it to the Chamber office at your earliest convenience.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Web Page (if available): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Job title: \_\_\_\_\_

Type of business: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Month/year business opened: \_\_\_\_\_

### Membership Investment Level

- Associate membership** - \$50/annually (for individuals and not-for-profit organizations only)
- Regular membership** - \$200/annually
- Bronze membership** - \$240-\$499/annually
- Silver membership** - \$500-\$749/annually
- Gold membership** - \$750 and up/annually

Billing options for investments of  
\$200 and up (please circle one):

**Yearly      Quarterly      Monthly**

### Interests/Involvement

Yes, I would like to know more about one or more of the following (circle all that apply):

**Membership      Education      Communication      Community Affairs      Beautification**  
**Ambassadorship      Mushroom Festival      Downtown Revitalization      Banquets/Fundraisers**

It is my understanding that the information above is simply to provide the Richmond Area Chamber of Commerce with current contact information regarding my membership and is not an application form. This information is intended to help the Chamber develop a better database with which to serve all area businesses in Commerce development and growth.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date