



Membership Form

SIC Code: _____

Referred By: _____

Business/Company Name: _____

Representative Contact Name and Position/Title: _____

Representative Email: _____

Business/Company Web Address: _____

Number of Employees: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Card Holder's Name: _____
Card Number: _____
Expiration Date: _____
Signature: _____

Annual Membership Dues:

- \$75 Retiree
- \$125 Non-Profit
- \$225 Single Proprietor
- \$275 Membership Investment
- \$420 Advantage Investment
- \$795 Signature Investment
- \$1,000 Supporting Investment
- \$1,495 Premier Investment
- \$2,500 Elite Investment
- \$7,500 Platinum Investment
- \$5,000 Partner Investment
- \$10,000 Presidential Investment

Monthly Payment Options:

- One Time Payment
- Monthly
- Quarterly
- Twice a Year

Payment Method:

- Visa
- MasterCard
- AMEX
- Discover

*Memberships renew on anniversary dates.
Memberships exceeding 30 days within
renewal payment date will be dropped.
Payment Plans are for one year and cannot
be stopped mid-year.*

Maximum 10 word description of the service/product the representative provides: _____ _____ _____

Businesses submitting this application agree that their employees will follow the Chamber's Code of Conduct that can be found at www.stmatthewschamber.com