

Membership Investment and Application

Please fill out information below and remit with payment to the address listed above.

Visa, Mastercard and American Express accepted.

Schedule of Membership Fees

Individuals\$80.00

Retirees\$40.00

(Above includes breakfast, but no business related activities or benefits)

Building Contractors/Developers/Services\$185.00

Banks\$635.00

Professionals/Financial Services:

(Physicians/Surgeons, Attorneys, Veterinarians, Dentists, Loan Offices

CPA, Accountants, Investments)

1-3 Employees\$185.00

4-7 Employees\$215.00

8-10 Employees\$265.00

11+ Employees\$290.00

Hospitals\$635.00

Health Care Agencies/Nursing Homes/Assisted Living\$215.00

Lodging/Hotels/Apartments/Office Buildings\$185.00

Non-Profit\$100.00

(Civic Organizations, Elected Officials, Schools, Churches)

Retail/Business Services

1-5 Employees\$135.00

6-12 Employees\$185.00

13-20 Employees\$215.00

21+ Employees\$290.00

Utilities\$635.00

Real Estate (Broker)\$265.00

Agent\$135.00

Industry:

1-25 Employees\$215.00

26-100 Employees\$290.00

101-200 Employees\$500.00

201+ Employees\$635.00

*Each Additional Category listing is \$50.00

*2 Part-time employees = 1 Full-time employee

Number of Employees: _____

Membership Information:

Company Name: _____

Primary Phone: _____ Alt Phone: _____ Fax: _____

Website: _____ Email: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Representatives:

Name: _____ Job Title _____ Primary Rep Billing Rep

E-mail: _____ Contact Preference: Mail or E-mail

If Information is different from above:

Primary Phone: _____ Alt Phone: _____ Fax: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Name: _____ Job Title _____ Primary Rep Billing Rep

E-mail: _____ Contact Preference: Mail or E-mail

If Information is different from above:

Primary Phone: _____ Alt Phone: _____ Fax: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Additional Representatives can be submitted on a separate sheet piece of paper. **CONTINUE APPLICATION ON REVERSE SIDE...**

Chamber Use Only:

Join Date: _____ Date Paid: _____

Payment Type: CC CC Online Cash Check # _____

Directory Category Listing: _____

Amount Paid: _____

Specific Service: _____

Additional Category List: _____

Tell Us What You Are Interested In:

- | | | |
|--|---|---|
| <input type="checkbox"/> Business After Hours | <input type="checkbox"/> Membership Breakfasts | <input type="checkbox"/> Event Sponsorship |
| <input type="checkbox"/> Business Counseling | <input type="checkbox"/> Seminars/Workshops | <input type="checkbox"/> Leadership Pickens |
| <input type="checkbox"/> Committee Participation | <input type="checkbox"/> Professional Women of Pickens County | <input type="checkbox"/> Advertising within Chamber media |
| <input type="checkbox"/> Drugs Don't Work Program | <input type="checkbox"/> Ambassador Program | <input type="checkbox"/> Trade Shows/Business Expo |
| <input type="checkbox"/> Grand Opening/Ribbon Cutting | <input type="checkbox"/> After Hours Mixers | <input type="checkbox"/> Shop Pickens First |
| <input type="checkbox"/> Health Insurance with MemberCare Alliance | <input type="checkbox"/> Banner Program | <input type="checkbox"/> Leads to Business |

We will provide you with further information about any of the above that you indicated interest.

How did you hear about the Chamber of Commerce? _____



**Pickens County
Chamber of Commerce**

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