

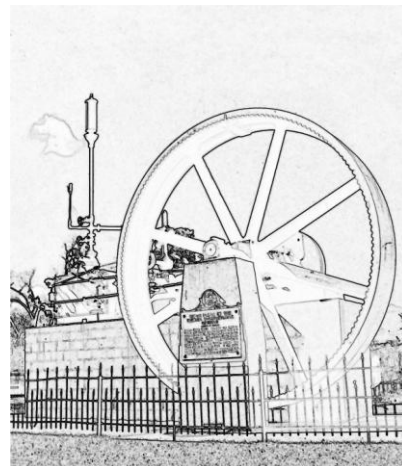


The Greater
**Madison County
 Chamber of Commerce**

248 SW Range Avenue - Madison, FL 32340
 PO Box 817 - Madison, FL 32341

www.madisonfl.org

Phone: 850-973-2788 Fax: 850-973-8864
 Email: chamber@madisonfl.org



**BUSINESS
 NEW MEMBER APPLICATION**

Business Name: _____

Owner or Contact Name: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____ Email Address: _____

Of Employees: _____ Year Established: _____

Please describe the products/services offered by your business: _____

Special Information about you or your business (i.e. goals/future plans, specialty products, community support/involvement, etc..) _____

Directions to your business from downtown: _____

ANNUAL MEMBERSHIP RATES: \$15.00 One Time Administration Fee

1-5 Employees	\$100.00	6-10 Employees	\$150.00	11-20 Employees	\$200.00
21-50 Employees	\$250.00	51-75 Employees	\$300.00	76-100 Employees	\$350.00
101+ Employees	\$400.00	Banks/Utilities	\$500.00	CHURCHES	\$50.00

Please accept this as my application for membership into the Madison Chamber of Commerce I have completed the above to the best of my ability and enclosed payment for the first year dues based upon the number of employees per the rate chart

_____ Business Owner or Contact

_____ Date

TYPE OF BUSINESS:

Please Check All That Apply

- _____ Agriculture
- _____ Attraction
- _____ Church
- _____ Construction
- _____ Education
- _____ Finance
- _____ Government
- _____ Industrial
- _____ Lodging
- _____ Manufacturing
- _____ Media
- _____ Medical
- _____ Non-Profit
- _____ Professional
- _____ Real Estate
- _____ Restaurant
- _____ Retail
- _____ Service
- _____ Utility
- _____ Other: Please specify

MEMBERSHIP GOALS:

Please Check All That Apply

- _____ Business Contacts
- _____ Advancing Business issues
- _____ Increased Credibility
- _____ Community Projects
- _____ Networking
- _____ Event Sponsorship
- _____ Seminars