

Membership Form

Business Details

Name:_____

Address:_____

Email Address:_____

Website:_____

Phone:_____

Date Established:_____

Business Type:_____

(Business type is based on the information below)

Amount Due:_____

(Amount due is based on the correlating business type below)

Primary Contact:

Name:_____

Email Address:_____

Phone:_____

Title:_____

Business Type:

Manufacturers

\$365 1-10 employees

\$665 11-30 employees

\$995 31-50 employees

\$1325 51-100 employees

\$1985 101-200 employees

\$3310 200-400 employees

Add \$50 for each additional 100 employees

Municipalities / Health Care Providers / Insurance / Real Estate / Post Secondary Education Facilities

Includes Attorneys, Chiropractors, CPA's, Dentists, Doctors, Funeral Directors, Etc.

\$345

Large Retail / Large Wholesale / Large Construction

For a total of 60 employees or more

\$420

Retail / Service / Restaurant / Wholesale / Construction

\$250 Business with no brick and mortar location

\$315 1-10 employees

\$365 11-50 employees

\$420 51-59 employees

Lodging Establishments / Motel / Hotel / B&B's

\$400 1-10 rooms

\$530 11-25 rooms

\$795 26-50 rooms

\$1060 51 rooms or more

Financial Institutions

Holdings within one community, not the entire corporation

\$45 per million dollars of assets

Associate / Public School District

Includes Service Clubs, Religious Organizations, and Non-Profits

\$100

Additional Business

Dues are 50% off the second business

Amount paid is dependent