



903 N Keller Drive * P O Box 643* Effingham, IL 62401
 (217) 342-4147 * Fax (217) 342-4228 * www.effinghamchamber.org

MEMBERSHIP APPLICATION

Date _____

Firm Name: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Web Site _____

E-Mail _____ Year Business Started: _____

Voting Representative (Please print) _____ Title: _____

Contact Person to be listed on web site _____

Why you are joining the Chamber? _____

ADDITIONAL CONTACTS (Optional)

Indicate below who would be interested in receiving Chamber publications and information.

NAME _____	E-MAIL ADDRESS _____
NAME _____	E-MAIL ADDRESS _____

BUSINESS CLASSIFICATION: (See Back)

- General Retail, Wholesale & Service Businesses - # Employees: Full Time (FT) _____ Part Time (PT) _____
- Churches, Schools, Government Institutions & Individuals - # Employees: Full Time (FT) _____ Part Time (PT) _____
- Financial Institutions - Banks and credit unions - Total Assets \$ _____
- Motels - # Rooms _____
- Professionals - # Partners/Associates/Agents _____
- Public Utilities - # Employees: Full Time (FT) _____ Part Time (PT) _____
- Emeritus
- Community Supporter

CHAMBER CHOICE –You may select an enhanced level of participation and benefits – See information attached.

- Access \$250 + membership investment
- Advantage \$500 + membership investment
- Partner \$1,000 + membership investment
- Friend of the Chamber \$2,500 + membership investment

MEMBERSHIP DIRECTORY CLASSIFICATION: Please select two categories from the list attached to identify your company's products/services.

1.) _____ 2.) _____

Referred by: _____ Sold by: _____

****Office Use:**

Welcome Letter/Plaque _____ Billing Card _____ Mailing List _____ Telephone Card _____ Web Site _____ Ambassador _____

Newsletter _____ Ribbon Cutting _____ Winfax _____ Insert Coupon _____ First Friday Coupon _____ Message Center Coupon _____

Partner Postcard _____ Member to Member Discount Cards _____ Website Listing _____ Sign _____ Welcome postcard _____

ANNUAL MEMBERSHIP INVESTMENT SCHEDULE

A. GENERAL RETAIL, WHOLESALE & SERVICE BUSINESSES

<u>Number of employees</u>	<u>Annual Investment</u>
1-4	\$243.00
5-9	278.00
10-15	339.00
16-19	374.00
20-29	425.00
30-39	490.00
40-49	536.00
50-74	587.00
75-99	698.00
100-299	749.00
300-499	905.00
500 or more	1,290.00

B. CHURCHES, SCHOOLS, GOVERNMENT INSTITUTIONS

<u>Number of employees</u>	<u>Annual Investment</u>
1-100	\$243.00
101-200	349.00
201-300	455.00
301 and more	560.00

C. FINANCIAL INSTITUTIONS (Banks & credit unions)
\$243.00 + \$15 per million of assets

D. MOTELS
\$243.00 + \$1.50 per room

E. PROFESSIONAL
(Accountants, architectures, attorneys, chiropractors, dentists, engineers, insurance agents, management/marketing/computer consultants, optometrists, physicians, realtors, stockbrokers, veterinarians, & others with recognized professional's degrees)
\$293.00 + \$15.00 per partners/associate/agent

F. PUBLIC UTILITIES
\$374.00 + \$15.00 per employee (local)

G. EMERITUS
Retired business persons 55 years of age or older (CEO's, owners, managers and professionals)
\$100.00 each

H. COMMUNITY SUPPORTERS
Open to individuals, entrepreneurs, and local non-profit organizations who desire to support the Chamber and the community while increasing individual recognition
\$200.00 each

INVESTMENT FACTS:

1. Membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes, according to the IRS. Please consult your CPA for further advice.
2. The investment schedule is established by the Chamber's Board of Directors. The schedule is rated on the anticipated annual cost of the Chamber's activities, programs and operational expenses.
3. The Chamber's fiscal year is January 1 through December 31. A new member must pay a full year's investment at the time the application is submitted.
4. Part-time employees (those working less than 30 hours per week) are figured at one-half of the rate of full-time employees.

Total Annual Investment: \$ _____

Payment Options: _____ **Check Attached** _____ **Credit Card** _____ **Direct Payment Plan**

DIRECT PAYMENT PLAN:

I hereby authorize the Greater Effingham Chamber of Commerce & Industry to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any prior debit entries in error, to my checking account and the depository as indicated on the voided check to credit and/or debit the same to such account. This authority is to remain in full force and effect until the Chamber has received a 30-day written notice from me of its termination. This authorization will be in effect until either party gives notice to the other of termination. A \$10 fee will be charged any month the automatic withdrawal is not made due to insufficient funds in the designated account.

Direct Payment Plan Payment Options: _____ Annual _____ Semi-Annual _____ 5-Month Pay (January-May)

NAME _____ SIGNATURE _____ DATE _____

****Attach a voided check. Funds will be withdrawn on the 15th of the month.**

CREDIT CARD PAYMENTS:

Cardholder Name _____ Expiration Date: _____

VISA/MC/Disc Account # _____ Phone #: _____

Signature _____

CHAMBER MEMBERSHIP APPLICATION CONTINUED

A new FCC ruling requires that we receive your written consent and signature to send fax communications regarding Chamber events and programs. Please indicate your consent by signing below.

Authorized Signature

Date

Print Name

Title
