

## MEMBERSHIP APPLICATION

To apply for membership please complete all questions							
Company/Business/Organization Name:							
Contact Person (First and Last):							
Contact Information							
Physical Address:							
City:	State:	Zip:					
Mailing Address:							
City:	State:	Zip:					
Phone Number							
Email Address							
Web Site Address							

Membership Type		Business		Select number of employees			
				☐ 1-5 Employees \$100 ☐ 6-12 Employees \$125 ☐ 13-19 Employees \$150 ☐ 20+ Employees \$200			
		☐ Individ Non-Pi	-	\$50			
Membership Category	☐ Beauty & Wellness		<ul><li>Business &amp;</li><li>Professional</li><li>Services</li></ul>		Civic & Community Organizations		
Home		Construction & Home Improvement		ning, verage & tering	☐ Manufacturing Industrial & Distribution		
		_		ealth & ness	Lodging		
	☐ Education		Marketing		Pets & Veterinary		
	Real Estate		Recreation		Shopping & Retail		
	Utilities		Other				
I prefer to receive notices about events :							

Remit Membership Dues to: Grant Chamber of Commerce

P.O. Box 221, Grant, AL 35747