



2018 APPLICATION AND MEMBERSHIP AGREEMENT

COMPANY NAME				
PHYSICAL ADDRESS				YES/NO
CITY	STATE	ZIP	OKAY TO PUBLISH	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				
CITY	STATE	ZIP		
PRIMARY CONTACT PERSON			TITLE	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				
CITY	STATE	ZIP		
BUSINESS PHONE	CELL PHONE	FAX		
		@	WWW.	
EMAIL			COMPANY WEBSITE	
ACCOUNTS PAYABLE CONTACT				TITLE
				@
BUSINESS PHONE	CELL PHONE	EMAIL		
NUMBER OF EMPLOYEES	PRIMARY BUSINESS CATEGORY (TYPE OF BUSINESS)		SECONDARY BUSINESS CATEGORY	

MEMBERSHIP INVESTMENT (PLEASE CHECK ONE)

TYPE	ANNUAL	MONTHLY ACH
CLASSIC	\$275	\$23.00
ADVERTISING	\$425	\$35.42
SILVER	\$750	\$62.50
GOLD	\$1500	\$125.00
PLATINUM	\$3000	\$250.00
DIAMOND	\$5000	\$416.67
CORPORATE	\$8000	\$666.67

METHOD OF PAYMENT: VISA MASTER CARD DISCOVER AMERICAN EXPRESS CHECK CASH IN THE AMOUNT OF \$ _____

CARD NUMBER _____ / _____ EXPIRATION DATE _____ BILLING ZIP CODE _____ 3 DIGIT SECURITY CODE _____

NAME ON CARD _____ BILLING ADDRESS _____ CITY, STATE, ZIP _____

PAYMENT OPTIONS:

ANNUALLY \$ _____ MONTHLY ACH \$ _____ (AUTHORIZATION FORM REQUIRED)

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR MEMBERSHIP AND AGREES TO PAY \$ _____ FOR MEMBERSHIP INVESTMENT TO THE MIDLOTHIAN CHAMBER OF COMMERCE, BEGINNING THE FIRST DAY OF THE MONTH AND TO BE INVOICED ANNUALLY UNLESS WRITTEN NOTICE IS GIVEN 30 DAYS PRIOR TO THE ANNIVERSARY DATE. IF PAYING MONTHLY, PAYMENT TO BE DRAFTED ON THE 15TH OF EACH MONTH AND TO BE RENEWED MONTHLY UNLESS WRITTEN NOTICE IS GIVEN 30 DAYS PRIOR TO NEXT DRAFT DATE. FULL INVESTMENT AMOUNT IS DUE UPON CANCELLATION OF MEMBERSHIP. MEMBERS ARE REQUIRED TO PROVIDE UPDATED MAILING AND CONTACT INFORMATION TO THE CHAMBER IN WRITING WITHIN FIFTEEN (15) DAYS OF THE CHANGE. UPDATES MAY BE MADE DIRECTLY ON THE WEBSITE.

SIGNATURE _____

DATE _____