



Caldwell Chamber of Commerce Membership Agreement

Member Information

Business Name _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____

Type of Business _____ / Business Listing Categories _____

Phone _____ Fax _____ Business E-Mail _____

Website: _____ No. Of Employees _____

Authorization Signature _____ Date of Application _____

Sponsor Business Name _____ Sponsor Business Contact _____

Member Contact Information

Primary Contact _____ Position _____

E-Mail _____

Billing Contact _____ Position _____

E-Mail _____

Membership Investment

Membership Category (Please Check One Category)

No. of Employees	Total Due
<input type="checkbox"/> 1-5	\$250
<input type="checkbox"/> 6-10	\$277
<input type="checkbox"/> 11-20	\$345
<input type="checkbox"/> 21-30	\$408
<input type="checkbox"/> 31-50	\$555
<input type="checkbox"/> 51-75	\$713
<input type="checkbox"/> 76-99	\$923
<input type="checkbox"/> 100 +	\$1,290
<input type="checkbox"/> Associate Member (May have membership in his/her own name when Umbrella Company holds a Regular membership)	\$188
<input type="checkbox"/> Individual (not in Business)	\$135
<input type="checkbox"/> Public Units	\$356
<input type="checkbox"/> Bank & Savings & Loan	\$235
(Plus \$20 per Million of Deposits \$500 Minimum)	
<input type="checkbox"/> Churches, Clubs & Services Organizations	\$175

Method of Payment

Check# _____ Cash (Amount received: \$ _____)

Visa / MC / Discover _____ Expiration Date _____ Signature for Credit Card _____

Chamber Representative _____ Date _____