

MOODY AREA CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION



PLEASE PRINT LEGIBLY. CELL PHONE NUMBERS AND EMAIL ADDRESSES ARE FOR OUR RECORDS

Company Name/Individual (As you would like published) _____

Mailing/Billing Address

Street Address _____
Street Address _____
City, State, Zip _____

Physical Address

Street Address _____
Street Address _____
City, State, Zip _____

Website: www. _____

Names of Social Media Accounts: _____

Primary Representative

Name: _____ Ph _____ Cell _____ Email _____

Additional Representative(s) if applicable

Name: _____ Ph _____ Cell _____ Email _____

Name: _____ Ph _____ Cell _____ Email _____

Short Business Description (Bank, HVAC, Restaurant, etc.) _____

Full Business Description:

Recommended By: _____

PAYMENT AMOUNT OF \$ _____

Number of Full-Time Employees _____

Check Payable: MACC

Credit Card Payment

_____ **Visa** _____ **Mastercard** _____ **Discover** _____ **AmEx**

Card # _____ **Exp** _____

Security Code _____ **Billing Zip** _____

**** 4% Card Fee Added**

MEMBERSHIP FEES

(BASED ON FULL-TIME EMPLOYEES)

ANNUAL INVESTMENT

_____ **Individual, Civic, Local Schools, Churches** **\$100**

_____ **Small Business (Under 5 Employees)** **\$150**

_____ **Small Business (Under 20 employees)** **\$200**

_____ **Medium Business (21 to 39 employees)** **\$300**

_____ **Large Retail, Utilities, Financial, or Industrial** **\$400**