



**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Company/Organization Name (As You Would Like it to Appear in the Membership Directory):		
Main Representative (List One Only):		
<i>(Please circle)</i> Ms.	Mr.	Title:
Email Address of Main Individual:		
Mailing Address:		
City:	State:	Zip Code:
Physical Address (If Different than Mailing Address):		
City:	State:	Zip Code:
Billing Address (If Different than Mailing Address):		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email Address (General Company Email):		
Web Site Address:		
Number of Full Time Employees:	Number of Part Time Employees:	
Month/Year Organization Established:		
Sponsor (Who referred you to the Chamber?)		
Business Classification/Description:		
Is Your Business      Minority Owned      and/or      Female Owned? <i>(Circle all that apply)</i>		

***Our Mission: To develop and maintain an economic climate, which creates and retains jobs and enhances the quality of life for all citizens of Madison County and West Tennessee.***

## CHAMBER ANNUAL INVESTMENT STRUCTURE

<b>Individual Membership</b> (non-business owner, residential info only)	\$125
<b>Employee Based (Part time employees are to be counted as .5 full time employees)</b>	
1-5 Employees	\$275
6-10 Employees	\$335
11-15 Employees	\$385
16-20 Employees	\$435
21-30 Employees	\$485
31-40 Employees	\$535
41-50 Employees	\$585
51 and more	\$635 plus \$3 for each additional employee over 50
<b>Professionals</b> (i.e. doctors, lawyers, CPAs, engineers, architects, etc.)	\$275 for firm and one professional plus \$75 for each additional professional
<b>Non-Profit (by budget)</b>	\$175 (under \$1 million) \$275 (over \$1 million)
<b>Schools and Universities</b>	\$275 for 1 <sup>st</sup> 1,000 students & \$.25 per student over 1,000
<b>Full Service Restaurants</b>	\$275 for 60 seats or below plus \$1.00 for every seat over 60
<b>Banks</b>	Based on Deposits

### INVESTMENT WORKSHEET

Amount based on Structure (From Above) + \$25 Initial Processing Fee = Total Investment \$\_\_\_\_\_

Investment to be paid (Circle One)	Yearly	Semi-Annually
Payment Enclosed By (Circle One)	Check	Cash      Credit Card

Checks should be made payable to **Jackson Chamber**. If paying by credit card, please fill in the following information:

MC/VISA/AmEx Card #	Expiration Date:
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First Year Total: \$	Authorized Signature:
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Card Holder Name:

General Information:  
 Chamber membership remains in effect until canceled in writing. Dues are nonrefundable. Ninety-seven percent of dues may be tax deductible as an ordinary and necessary business expense and are not a charitable expense for federal income tax purposes. The chamber is an advocate organization for business. Dues are subject to change by action of the Board of Directors.

Mail application and payment to: Membership Department, Jackson Chamber, P.O. Box 1904, Jackson, TN 38302-1904.