



# MEMBERSHIP APPLICATION

## Business Information

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Physical Address  
\_\_\_\_\_  
City State Zipcode

Address: \_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Zipcode

Phone: \_\_\_\_\_  
Business Mobile

Email: \_\_\_\_\_

Preferred Contact Method: (circle one) Phone Email

Website: \_\_\_\_\_

Social Media: \_\_\_\_\_  
Facebook Instagram Other

## Investment Levels

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Small Business (\$200)   | <input type="checkbox"/> Expanded Business (\$350) | <input type="checkbox"/> Premium Business (\$500)    |
| <input type="checkbox"/> Silver Partner (\$1,000) | <input type="checkbox"/> Gold Partner (\$5,000)    | <input type="checkbox"/> Platinum Partner (\$10,000) |
| <input type="checkbox"/> Non-Profit (\$150)       | <input type="checkbox"/> Individual (\$100)        |  |

Authorized Representative: \_\_\_\_\_  
Print Name Signature Date

SB Chamber Representative: \_\_\_\_\_  
Print Name Signature Date