



# 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

- Small Business (\$200)
- Expanded Business (\$350)
- Premium Business (\$500)
- Silver Partner (\$1,000)
- Gold Partner (\$5,000)
- Platinum Partner (\$10,000)
- Non-Profit (\$150)
- Individual (\$150)

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

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