

## **Membership Application**

Membership in the Arlington Area Chamber of Commerce is an investment in your business as well as your community. We are excited to have you as a part of our TEAM to improve the area's economic growth and quality of life in this community.

## **BUSINESS OR ORGANIZATION INFO:**

Business Name:				
(exactly as you want the company n	ame listed in the online and print direc	tory)		
Business Category:				
(business category is selected from a	a drop-down menu, your business will	be listed with those similar in your field)		
(please indicate if this address shoul	d not be listed online; it is recommend	ed to NOT list home addresses)		
City:	State:	Zip:		
Phone:	Fax:	# Employees:		
Mailing Address (if different):				
City:	State:	Zip:		
Primary Contact:		Title:		
E-mail:		Cell Phone:		
Website:		Twitter:		
Facebook:		Please e-mail a 50 word or less business description to		
		tonia@arlingtontnchamber.com for use in the online directory.		

## ADDITIONAL CONTACTS (Additional individuals to receive communications from the Chamber):

NAME	TITLE	PHONE	E-MAIL

## MEMBERSHIP INVESTMENT (check one):

Business – \$200 base + \$3 per <i>additional</i> permanent full time equivalent (\$750 maximum)				
Financial Institution – \$500				
Non-Profit Organization – \$175				
Private Individual – \$100 (no online business listing)				
TOTAL MEMBERSHIP DUES: \$	СНЕСК #:	-		
Signature:		_Date:		

 REMIT APPLICATION & PAYMENT TO:
 Arlington Chamber of Commerce, P.O. Box 545, Arlington, TN 38002

 Phone:
 (901) 867-0545
 E-Mail: info@arlingtontnchamber.com
 Web: www.ArlingtonTnChamber.com
 Facebook: facebook: facebook.com/ArlingtonTNChamber