

Membership AGREEMENT 2017



PLEASE PRINT OR TYPE

Serving Marshall County since the 1920's

DATE

COMPANY NAME

PHONE

FAX

MAILING ADDRESS

CITY

STATE

ZIP

STREET ADDRESS

CITY

STATE

ZIP

BILLING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

WE PREFER TO RECEIVE MEMBER COMMUNICATIONS VIA
(CHECK ALL THAT APPLY) ___ FAX ___ E-MAIL ___ MAIL

NUMBER OF FULL-TIME EMPLOYEES AND PART-TIME EMPLOYEES

FULL-TIME: _____ PART-TIME: _____

DIRECTORY CLASSICATION(S) You may list up to 5

PRIMARY COMPANY REPRESENTATIVE TITLE

E-MAIL PHONE

The Chamber Works:

NETWORKING

- * Ambassador Program
- * Coffees and Ribbon Cuttings
- * Networking Breakfasts
- * Lunch & Learns
- * Community Exposition
- * Partnership Events
- * July 4 Parade & Celebration

BUSINESS EXPOSURE

- * Web Site Listing
 - Picture of Business
 - Description and Link
- * Membership Directory
- * Mailing Labels
- * Business Referrals

CHAMPION OF SMALL BUSINESS AND INDUSTRY

- * Seminars & Workshops
- * Workforce Initiatives
- * Community/Government Partnerships
- * Credibility

RESOURCES

- * Membership Directory
- * Demographics & Information
- * Community Calendar
- * V-Catalog
- * Relocation Packages

ADDITIONAL COMPANY REPRESENTATIVES (YOU MAY HAVE UP TO 5 INCLUDING YOURSELF)
NAME E-MAIL

NAME E-MAIL

ADDITIONAL BUSINESS (PRICE TO INCLUDE ADDITIONAL BUSINESS OR BUSINESSES (\$100)
NAME OF BUSINESS ADDRESS

PHONE FAX EMAIL

WEB SITE ADDRESS DOES YOUR BUSINESS HAVE A MARQUEE

YES NO

IS YOUR BUSINESS A HOME BASED BUSINESS

YES NO

REASONS FOR JOINING THE CHAMBER (Check All That Apply)

Business Contacts/Networking Community/Government Representation
 Member Discount Programs & Services Support Economic Development Efforts
 Volunteer Opportunities Other: _____

INVESTMENT LEVELS (EFFECTIVE JANUARY 1, 2011)

LEVEL NUMBER OF EMPLOYEES INVESTMENT

STANDARD	1 - 10	200
	11 - 25	300
	26 - 99	400
	100+	500
DELUXE	1 - 10	500
	11 - 25	750
	26 - 99	1,000
	100+	1,250
PRESIDENTIAL	1 - 10	1,000
	11 - 25	1,500
	26 - 99	2,000
	100+	2,500
SEASONAL		75

INDIVIDUALS, RETIREES, HOME BASED,
ADDITIONAL BUSINESS OR BUSINESSES,
NON-PROFITS 100

PLEASE CHECK IF YOU WOULD LIKE TO PARTICIPATE IN
THE BI-ANNUAL INVESTMENT PLAN. _____

CALCULATING YOUR CHAMBER
MEMBERSHIP INVESTMENT

INVESTMENT _____

ONE-TIME
PROCESSING FEE \$15

ADDITIONAL BUSINESS
OR BUSINESSES \$100 _____

TOTAL INVESTMENT _____



MARSHALL COUNTY
CHAMBER of COMMERCE

227 SECOND AVENUE NORTH LEWISBURG, TN 37091 PHONE 931-359-3863

director@marshallchamber.org www.marshallchamber.org



MARSHALL COUNTY
CHAMBERofCOMMERCE

MARSHALL COUNTY CHAMBER OF COMMERCE MEMBERSHIP INVESTMENTS 2017

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director@marshallchamber.org

www.marshallchamber.org

MOBILE: 931-619-5720

COMMUNITY CALENDAR: www.marshallcountyttn.events

