

Greensburg/Decatur Co Chamber of Commerce Application

Organization Name: _____

Contact Name: _____

Location: _____

Street City State Zip

Mailing: _____

Street City State Zip

Phone: _____

Email: _____

Please provide the following information if applicable:

HR Contact name: _____

email: _____

Safety Dir. name: _____

email: _____

Plant Mgr. name: _____

email: _____

Please provide the following information that you want listed on our website:

Website address: _____

Email Address: _____

Categories (up to 3): _____

Please list any additional staff that wish to receive the email updates:

Number of Employees: _____ Full time _____ Part time

Return Completed Application to:

Greensburg/Decatur County Chamber of Commerce

125 N. Broadway, Greensburg, IN 47240

fax #: 812-663-4275

For office use only:

Recv'd: _____ Paid: _____

Quickbooks: _____

Internet: _____

Newsletter: _____

2010 Annual Membership Dues (paid on calendar year):

Select a single category (1-11) and add in new member fee if applicable:

Do not include the owner in the employee or professional counts

- 1 \$ _____ **General Member** \$165 + \$10 per employee
- 2 \$ _____ **Agriculture/Construction/Restaurant** \$165 + \$6 per employee
- 3 \$ _____ **Professional** \$165 + \$25 per professional + \$10 per employee
(doctor, attorney, cpa, insurance, real estate, engineer, surveyor)
- 4 \$ _____ **Banks, Savings & Loans** \$1100 per location
- 5 \$ _____ **Credit Union** \$550 per location
- 6 \$ _____ **Industrial** 1 to 25 ees \$165 + \$6 per employee
 26-50 ees \$250 + \$3 per employee
 51+ ees \$315 + \$2 per employee
- 7 **Individual, Home-based, Public Official
 Non-Profit, School, Clergy** \$95
- 8 \$ _____ **Retirees** \$50
- 9 \$ _____ **Hospitals, Nursing Homes, Assisted Living** \$165 + \$1 per bed
- 10 \$ _____ **Hotels, Motels, Bed & Breakfasts** \$165 + \$4 per room
- 11 \$ _____ **Utilities** \$165 + .07 per connection
- + **\$15 New Member Fee (if Applicable)**

= **CONTRIBUTION TOTAL** (JS--credit to 2010 dues)

Type of Payment: _____ Check _____ Invoice _____ Credit Card (see below)

Billing Address: _____

(if different) street city State Zip

Signature: _____ Date: _____

Credit Card Payment: _____ Visa _____ MasterCard _____ Discover

Card # _____ Expires: ____/____/____

name on Card: _____ VIN# _____

Billing Address: _____

street city State Zip

I authorize the payment of \$ _____ per cardholder agreement:

Signature: _____ Date: _____