

Madison Area Chamber of Commerce

Membership Application

Associate or Business Name: _____

Contact: _____ E-mail: _____

Address: _____ City, State, Zip _____

Phone: _____ Fax: _____ Website: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Referred to Chamber by: _____

How do you prefer to receive Chamber information? Fax E-mail Mail

Do you want to be listed in the Good Cents Gift Certificate brochure? Yes No

Regular Membership Base Rate (includes Business and Owner) \$180.00		
+ for each full time employee 1-25	\$ 7.00 each	_____
+ for each full time employee 26-50	\$ 5.00 each	_____
+ for each full time employee 51-75	\$ 4.00 each	_____
+ for each full time employee 76-100	\$ 3.00 each	_____
+ for each full time employee 100+	\$.50 each	_____

Financial Institutions (banks, savings and loans, credit unions, etc)			
Base Rate	\$ 520.00		
+ for full time employees 1 to 20	\$ 50.00 each	_____	
21 to 40—\$30.00 each	_____	41 + - \$20.00 each	_____

Utilities (any service provider with a monopoly)		
Base Rate	\$ 260.00	
+ for full time employees	\$ 10.00 each	_____

Professional (Doctors, Dentists, Chiropractors, Lawyers, CPA's, Real Estate & Insurance Co.)		
Base Rate	\$ 180.00	
+Additional Professionals/Partners	\$ 25.00 each	_____
+for full time employees	\$ 10.00 each	_____

Associate Member	\$ 130.00
(Church, Civic, Club, Retired member or Student who wants to be active in Chamber Activities)	

Secondary Company	\$ 105.00
(Provided all employees are counted on the primary membership)	



Please return completed application to:

Madison Area Chamber of Commerce
975 Industrial Dr. Ste 1
Madison, IN 47250

Questions?
Call 812-265-3135
Fax 812-265-9784

_____ My payment of \$ _____ is enclosed CK# _____ Please bill me

_____ Please bill my (circle one) **VISA** **MASTERCARD**

Account # _____ **Expiration Date** _____

Authorized Signature _____