

Membership Application

Member/Business Name: _____

Primary Contact: _____

Other Representatives: _____

Mailing Address: _____

Physical Location: _____

Telephone: _____ E-Mail: _____

Fax: _____ Web Address: _____

Facebook: _____

Twitter: _____

Business Description: _____

_____ Payment Enclosed _____ Please Bill

#Employees _____ Investment \$ _____ Referred by _____

Payment may be made with a Credit Card: Visa _____ MasterCard _____

Card Number: _____ Exp. Date ____/____/____

Authorized Signature: _____

Base Membership

- \$225...0-3 Employees (E)
- \$245...4-6 (E)
- \$270...7-10 (E)
- \$295...11-15 (E)
- \$345...16-20 (E)
- \$345 base +\$5 per (E) 21-100
- \$725 base +\$2.50 per (E) 101-200
- \$975 base +\$1.00 per (E) 201+

Hospitals/Healthcare

- \$425 Base + \$65 per professional

Professional Firms

- \$225 Base + \$65 per professional, partner, agent.

Retired Individuals

- \$55

Financial Institutions

- \$550 Base Includes first \$10 million of in-county deposits.
Plus \$25 per million \$11 to \$50M
Plus \$12.50 per million \$50M+

Utilities

- \$345 Base + \$0.5 per hookup/line/ meter

Non Profit Agencies

- \$120 (0-\$100k) Operating Budget
- \$200 (\$100k+) Operating Budget

Out of County

- \$245 (0 to 20 employees)
- \$420 (21+ employees or franchise)

