

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

- \$265...0-3 Employees (E)
- \$285...4-6 (E)
- \$310...7-10 (E)
- \$335...11-15 (E)
- \$385...16-20 (E)
- \$385 base +\$5 per (E) 21-100
- \$765 base +\$2.50 per (E) 101-200
- \$1,015 base +\$1.00 per (E) 201+

Hospitals/Healthcare

- \$445 Base + \$65 per professional

Professional Firms

- \$265 Base + \$65 per professional, partner, agent.

Retired Individuals

- \$55

Financial Institutions

- \$570 Base Includes first \$10 million of in-county deposits.
Plus \$25 per million \$11 to \$50M
Plus \$12.50 per million \$50M+

Utilities

- \$385 Base + \$0.5 per hookup/line/ meter

Non Profit Agencies

- \$140 (0-\$100k) Operating Budget
- \$220 (\$100k+) Operating Budget

Out of County

- \$285 (0 to 20 employees)
- \$480 (21+ employees or franchise)



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