



**EFFINGHAM  
C O U N T Y**  
CHAMBER OF COMMERCE

# Membership **APPLICATION**

Welcome to the Effingham County Chamber of Commerce. The Chamber has been a local voice on behalf of business and the community since 1986. The Chamber works within the community to bring together businesses, citizens, and government to promote economic vitality and prosperity in Effingham County.

## Company Information

Company/Organization \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Main Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Web URL http:// \_\_\_\_\_ Main Email \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Company Contacts

Main Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Additional Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

## Membership Dues

Your annual Chamber membership dues are determined by the number of people in your organization and the type of business you have. Please count each full-time staff person and add each part-time employee as one-third an employee in your calculations. Please use the chart below to determine your membership fees. Please note that your business/ organization is the member of the Chamber and all employees are welcome to participate in events and activities.

<b>General Business</b> 1-10 ..... \$200 11-25 ..... \$250 26-50 ..... \$410 51-100 ..... \$610 101-500 ..... \$810 500+ ..... \$1,610	<b>Hospital</b> ..... \$665 <b>Utilities</b> ..... \$810 <b>Municipalities</b> ..... \$385 <b>Retiree/Individual</b> ..... \$100 <b>Hotel/Motel/Apts.</b> ..... \$200 plus \$3 per Additional Unit/Room	<b>Financial Institutions</b> ..... \$200 plus \$30 per Million in Assets (\$1,500 max)  <b>Professionals</b> <i>(Accountants, Attorneys, Physicians, etc.)</i> First Professional ..... \$200 Additional Professionals ..... \$100
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Number of Employees \_\_\_\_\_ Membership Dues \$ \_\_\_\_\_

Check    MasterCard    Visa

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

## Business Description

Please provide a brief description of your business or services provided \_\_\_\_\_

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## Member Details

Business Category Listing \_\_\_\_\_

*(This listing is how you will be classified in our membership directory, website and all promotional publications. It is similar to a yellow pages category listing.)*

What year did your business/organization form? \_\_\_\_\_

Is your business/organization Minority Owned?  Yes  No

## Member Feedback

Please indicate the top reason(s) why you are joining the Chamber:

- |  |   |
|--|---|
| <input type="checkbox"/> Expand networking opportunities                             | <input type="checkbox"/> Create visibility                          |
| <input type="checkbox"/> Chamber Directory and Web site directory listing            | <input type="checkbox"/> Customer referrals                         |
| <input type="checkbox"/> Cost-effective leadership/professional development programs | <input type="checkbox"/> Enhance credibility and corporate identity |
| <input type="checkbox"/> Chamber business development programs                       | <input type="checkbox"/> Improve quality of life in Effingham       |

## Chamber Volunteer Opportunities

Please indicate if you or your staff would like to volunteer on a Chamber committee.

- |   |   |
|---|---|
| <input type="checkbox"/> Ambassadors                      | <input type="checkbox"/> Leadership Effingham |
| <input type="checkbox"/> Governmental Affairs             | <input type="checkbox"/> Tourism              |
| <input type="checkbox"/> Entrepreneur Friendly Task Force | <input type="checkbox"/> Marketing & Events   |

Thank you for completing this membership application. Membership dues may be tax deductible as an ordinary and necessary business expense. Your membership in the Effingham County Chamber will renew each year in the same month as you joined. If you would like to discontinue your membership at any time, please send a written notice to the address below, however your membership dues will not be reimbursed. By completing this application you authorize the Chamber to use your company information and contact details in all marketing materials and on the web as well as agree to receive periodic mail, emails and fax. Your business/organization information may be distributed to others as deemed fit by the Chamber.



### Effingham County Chamber of Commerce

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