



Application for Membership

We are glad to become a member of the Effingham County Chamber of Commerce. List us in the Membership Directory and on your web site as follows:

Business Category: _____

Firm Name: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address: _____

Key Member Representative: _____ Title: _____

Other Representatives: _____

Number of Employees in Effingham County: _____

Annual Dues \$ _____ Year Business Formed: _____

Membership Dues may be tax deductible as an ordinary and business expense. This membership will be renewed each year unless the undersigned gives written notice 30 days prior to the billing date.

Signature: _____ Date: _____

Please give us a brief description of your business (50 words or less).

Sales Volunteer: _____ Date: _____

We gladly accept VISA and MasterCard.

(Revised 8-17-07)



Fair Share Investment Criteria

Business Type	Company Specifics	Annual Dues Investment
General Business	1 – 10 employees*	\$200
	11 – 25 employees	250
	26 – 50 employees	410
	51 – 100 employees	610
	101 – 500 employees	810
	501 and Up	\$1610
Professionals <i>Accountants, Attorneys, Doctors, Insurance Agencies, Real Estate Brokers and other Related Professionals</i>	Base Investment – one Professional	\$200
	Each Additional Professional	\$100
Apartments/ Hotels / Motels	Base Investment	\$200
	Additional per Unit / Room	\$ 3
Financial Institutions	Base Investment	\$200
	Per each million in assets	\$30 (\$1,500 maximum)
Hospitals		\$665
Utilities		\$810
Churches / Civic Clubs		\$130
Municipalities		\$385
Individual <i>Defined as not having management responsibilities or business ownership</i>		\$100

* Three Part-Time Employees / Sales Associates = 1 full time employee.