



MEMBERSHIP INVESTMENT SCHEDULE

<u>Category:</u>	<u>Investments:</u>
Senior Associate	\$50.00
Individual Membership	100.00
Community Clubs & Organizations	
1-15	\$75.00
16 -25	140.00
25 & up	200.00
Professionals, per/professional	190.00
Financial Institutions	800.00
Utilities	800.00
Hospitals	1,500.00
Businesses/Industries	
1 - 10	\$150.00
11 - 25	245.00
26 - 50	300.00
51 - 75.	350.00
76 - 100	400.00
101 - 125	500.00
126 - 150	550.00
151 - 175	600.00
176 - 200.....	650.00
201 - 300	750.00
301 - 500	850.00
501 - 700	950.00
701 - 900	1,500.00
Educational Institutions, Foundations & Universities	
1-200	\$300.00
201-399	700.00
400+	1,500.00

Please mail this application along with payment to
 Franklin County Chamber of Commerce
 PO Box 280

Winchester, TN 37398

Or bring by the Chamber office located at 44 Chamber Way in Winchester



FRANKLIN COUNTY CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Business Name : _____
Name to be published in all publications & website.

Primary Contact: _____
Person whom all emails, newsletters and official letters from the chamber will be addressed.

Classifications: Categories for your business to be listed under in printed business directory and the online business directory. Please use all three to maximize your membership investment.

Example Southern Tennessee Medical Center Classification 1. Health & Wellness 2. Physicians & Surgeons 3. Diagnostic MRI

Classification 1 : _____

Classification 2: _____

Classification 3: _____

Mailing Address: _____
(Street or P.O Box) (City) (State) (Zip Code)

Physical Address: _____
(Street or P.O Box) (City) (State) (Zip Code)

Phone Numbers: _____

Work 1: _____ Work 2: _____

Cell: _____ Home: _____

Toll Free: _____ Fax: _____

Email: _____

Website: _____

Yes, please link to my website. One time set up fee of \$25.00 & \$15.00 annual maintenance fee for each additional year.

Facebook Page Address: www.facebook.com/ _____

Yes, I would like to be a recipient of the weekly email blast.

Yes, I would like to participate in a member to member discount program. *Example: 10% off product/merchandise.*

501C-3 Veteran Owned Women Owned Minority Owned

Number of Employees: _____

Annual Membership Investment \$ _____

Authorizing

Signature: _____

Date: _____

Referred By: _____

**LEADERSHIP CIRCLE
CHAMBER CHAMPIONS**
OVER THE TOP CHAMBER ANNUAL SUPPORTERS

RHODES SUPPORTERS

ENTREPRENEUR SUPPORTERS
INCLUSION BASED ON ANNUAL INVESTMENT