

# SPARTA AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Business Name:		
Month of birth:	Phone:	Fax:
Current address:		
City:	State:	ZIP Code:
E-mail address:		
Website:		

## BUSINESS INFORMATION

Type of Business:		
Year you opened your business:		Year you first joined the Chamber?
Position/Title:		

## CONTACT PERSON

Name :		
E-mail Address:		Phone:
City:	State:	ZIP Code:

## TYPE OF MEMBERSHIP

<b>ADVANTAGE:</b> \$600.00 PER YEAR OR \$300.00 EVERY 6 MONTHS		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	PAY IN FULL \$
		BI-YEARLY PAY \$
		CHECK #
<b>GENERAL:</b> \$120.00 PER YEAR OR \$60.00 EVERY 6 MONTHS		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	PAY IN FULL \$
		BI-YEARLY PAY \$
		CHECK #
<b>NON-PROFIT ORGANIZATION:</b> \$65.00 PER YEAR		
YES <input type="checkbox"/>		PAY IN FULL \$
		CHECK #
<b>SENIOR MEMBERSHIP:</b> 55 AND OLDER		
	\$20 SINGLE MEMBERSHIP	\$30 MARRIED MEMBERSHIP
SINGLE <input type="checkbox"/>	PAY IN FULL \$	PAY IN FULL \$
MARRIED <input type="checkbox"/>	CHECK #	CHECK #

## CHAMBER INVOLVMENT

Do you wish to be actively involved in Chamber activities? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do have a preference to type of involvement? Please check your interest.		Annual Dinner <input type="checkbox"/>
Shooting Matches <input type="checkbox"/>	Grand American <input type="checkbox"/>	Christmas <input type="checkbox"/>
Retail events <input type="checkbox"/>	Commemorative coins <input type="checkbox"/>	Fundraising <input type="checkbox"/>
Golf Outing <input type="checkbox"/>	3-D Archery <input type="checkbox"/>	Other <input type="checkbox"/>

## SIGNATURES

I verify the information provided on this form.	
Signature of applicant:	Date:
Payment received by:	Date: