



**COLUMBUS LOWNDES  
CHAMBER of COMMERCE**  
*Your business. Our focus.*

## MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Category Listing (Ex. Lodging, Restaurant, etc.) \_\_\_\_\_

Primary Contact & Title \_\_\_\_\_

Primary Contact's # \_\_\_\_\_ E-mail \_\_\_\_\_

# of Part-time Employees \_\_\_\_\_ # of Full-time Employees \_\_\_\_\_

Secondary Contact & Title \_\_\_\_\_

Secondary Contact's # \_\_\_\_\_ E-mail \_\_\_\_\_

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

Please list any other representatives for your business that will be involved with the CLCC.

<b>Representative and Title</b>	<b>E-mail Address and Phone Number</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# DUES STRUCTURE

## Board Seat

\$5,000 1 Board seat plus 9 additional reps to serve on committees

## Industry, Retail, and General Business

(Based on number of employees)

NOTE: 2 part-time employees equals 1 full-time employee

\$250	1-5	employees
\$300	6-10	employees
\$400	11-20	employees
\$600	21-40	employees
\$800	41-75	employees
\$1,000	76-100	employees
\$1,200	101 & up	plus \$3 for each additional employee

## Licensed Professional

(Doctor's attorneys, architects, accountants, pharmacists, real estate agents, insurance agents, etc.)

\$275 for firm and 1 representative

\$75 for each additional representative

## Hospitals, Nursing Homes, & Assisted Living Facilities

\$5 per bed

## Banks, Credit Unions, & Savings and Loans

\$50 per million in local deposits

## Non-Profits, Churches, Retirees & Individuals

\$150

## Hotels, Motels, Apartment Complexes, and Mobile Home Parks

\$250 plus \$1 per unit

## Utilities

\$1,000 minimum

## Education Institutions

\$.50 per enrolled student

## Processing Fee

There will be a \$25 processing fee for new members

## Returned Check

There will be a \$30 charge for all returned checks

## Automatic Bank Draft

To assist everyone in assuring prompt payment, those members who choose to pay their dues quarterly or semi-annually must do so by automatic bank draft. Those members who pay annually and wish to have their dues automatically drafted may do so also.

# PAYMENT INFORMATION

Check                       Bank Draft (Form required)                       Credit Card

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return completed application to  
Columbus Lowndes Chamber of Commerce**