



T b e

C H A M B E R
Jackson, Tennessee

Membership Application

PLEASE PRINT

Company/Organization Name (As You Would Like It To Appear in the Membership Directory)

Main Representative (List One ONLY) _____

Ms _____ **Mr** _____ **Title** _____

Email Address of Main Individual _____

Mailing Address _____

City, State, Zip _____

Physical Address (If Different than Mailing Address) _____

City, State, Zip _____

Billing Address (If Different than Mailing Address) _____

Phone Number _____ **Fax Number** _____

Email Address (General Company Email) _____

Web Site Address _____

Number of Full Time Employees _____

Number of Part Time Employees _____

Month/Date/Year Organization Established _____

Sponsor (Who referred you to the Chamber?) _____

Business Classification (Please refer to the membership directory) _____

Is your business a branch _____ **or the headquarters/primary location** _____

Is your business **Minority owned** **and/or** **female owned?** (Circle all that apply)

Chamber Investment Structure:

Associate Member	\$100 (Non-management, non-business owner, residential info only) Member listed in directory only & receives minimal mailings)
Start-Up Business	\$150 (First two years of operation with 5 or less employees)
*(Employee Based - Part time employees are to be counted as .5 full time employees.)	
1-5 Employees	\$250
6-10 Employees	\$310
11-15 Employees	\$360
16-20 Employees	\$410
21-30 Employees	\$460
31-40 Employees	\$510
41-50 Employees	\$560
51 and more	\$610 plus \$3 for each employee over 50
Professionals	\$250 for firm and one professional plus \$75 for each additional professional
Non-Profit (by budget)	\$150 (under \$1 million) \$250 (over \$1 million)
Schools and Universities	\$250 for 1st 1,000 students & \$.25 per student over 1,000)
Full Service Restaurants	\$250 for 60 seats or below plus \$1.00 for every seat over 60
Banks and Savings and Loan	Based on Deposits

Investment Worksheet:

Amount based on Structure (From Above) + \$25.00 Initial Processing Fee = _____
Total Investment

I would like to be billed (Circle one):

Yearly

Semi-Annually

Quarterly

Payment Enclosed By (Circle one): check or cash

Checks should be made to the Jackson Area Chamber of Commerce or credit card enrollment form below can be used for total first year investment.

MasterCard/VISA (ONLY) Card # _____ Expiration Date _____

First Year Total: \$ _____ Authorized Signature: _____

Card Holder: _____

General Information:

Chamber membership remains in effect until canceled in writing. Dues are nonrefundable. 97% of the Chamber dues may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are NOT a charitable expense for federal income tax purposes. The Chamber is an advocate organization for business. Chamber dues are subject to change by action by the Board of Directors.

Mail application and payment to: Membership Department, The Chamber, P.O. Box 1904, Jackson, TN 38302-1904.