



Membership Investment Schedule

Business Memberships

1 - 5 employees - \$246 (base rate)	31 - 40 employees - \$492	71 - 80 employees - \$739
6 - 10 employees - \$308	41 - 50 employees - \$554	81 - 90 employees - \$800
11 - 20 employees - \$369	51 - 60 employees - \$614	91 - 100 employees - \$861
21 - 30 employees - \$431	61 - 70 employees - \$678	101 employees and over - \$896 plus \$5 per employee

Professional Memberships - \$246 plus \$92 for each additional professional **Professional Sales Associate** - \$92 if company is a member, \$122 if company is not a member

Additional Locations - (same owner, same category) \$29 **Ambassadors** - (Retirees, or persons who do not represent a business) - \$64

Non profit organizations (Churches, Civic Clubs and Fraternal Orders) - \$91 **Educational Institutions** - \$568

Motels, Hotels, Apartment Complex, Condos, Mobile Home & RV Parks, Assisted Living - \$246 (includes 10 units/rooms/beds/lots) plus \$1.50 per unit over 10

Financial Institutions - \$26 per million in assets in Chamber Service Area with a minimum of \$658

Golf Course – 9 hole - \$246, 18 hole - \$431

Malls - Base rate based on number of employees in mall office plus \$5 per tenant space

Membership Application

Team Member / Volunteer : _____

Name of business: _____

Business email address: _____ Website: _____

Telephone: _____ Toll-free: _____ Fax: _____

Contact Person: _____ Title: _____

Contact email address: _____ Cell Phone: _____

Category: _____ Is it a home-based business ? yes no

Mailing address: _____ City: _____ State: _____ Zip: _____

Physical address (if different): _____ City: _____ State: _____ Zip: _____

Billing address (if different): _____ City: _____ State: _____ Zip: _____

Business description: _____

Number of employees: Full time (30 hrs or more) : _____ Part time (2 PT = 1 FT): _____ Date established: _____

Does your business have a current business license ? yes no

Periodically, resumes are forwarded to the Chamber. Would you like to be added to the distribution list ? yes no

If you would like to receive a free monthly inquiry list, please list the contact person and email address below.

Contact person: _____ Email address: _____

SBCC Tax ID#: 63-0241394

Mailing Address:
P.O. Box 1117, Foley, AL 36536

Annual membership investment: \$ _____

Additional amount for # employees, rooms, units, locations, tenants: \$ _____

Additional category (\$50 each - listed in the area guide and website): \$ _____

Web Listing Options (free, \$30, \$50 or \$100): \$ _____

One-time Application fee: \$ 25.00

Total: \$ _____

Signature: _____

By signing above, I give permission for the Chamber to email or fax my business.

Privacy Policy: We follow procedures to safeguard the confidentiality of your personal information.

Check attached # _____

Charge my credit card (circle one): MasterCard Visa Amex

Number: _____ Expires: _____ 3-Digit Security Code: _____

Name as it appears on card: _____ Billing address for CC: _____