



MEMBERSHIP LISTING (as you want your listing to appear in the online *Membership Directory* and other publications.) ***-REQUIRED FIELD**

*Firm Name:

*Primary Contact (Mr. Ms. Mrs. Dr.):

Title:

Secondary Representative (Mr. Ms. Mrs. Dr.):

Title:

*Mailing Address:

May we print information on this form? Yes No

*City:

*State:

*Zip:

Street Address (if different from above):

City:

State:

Zip:

*Phone:

Fax:

*Email:

*Website:

Minority Ownership: Yes No

Female Ownership: Yes No

Veteran Ownership: Yes No

Disability Ownership: Yes No

*Number of full-time employees:

*Number of part-time employees:

*Description of Business for Online Directory Listing:

Social Media Links: Facebook:

Twitter:

LinkedIn:

ADDITIONAL CONTACTS (All of your employees are members of the Chamber of Commerce)

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

How did you hear about the Blount Chamber of Commerce?

Reasons for joining the Blount Chamber of Commerce:

Board Member

Chamber Volunteer

Benefit Programs

Economic Development

Chamber Staff

Direct Mail Piece

Legislative Advocacy

Business Resources

Chamber's Website

Email

Networking Events

Marketing/Advertising Opportunities

Print Ad

Chamber Event

Educational/Professional Development

Tourism Activities

TV Ad

Other (please explain)

Community Development

Other (please explain)



Blount Partnership

Terms & Conditions

The undersigned hereby unites with others in underwriting a PLAN OF ACTION for the Chamber of Commerce and agrees to pay the sum of \$_____ dollars annually. This investment entitles the firm named on the first page to full membership in the Chamber of Commerce with all attendant services and benefits, when accepted by the Board of Directors. Your Chamber investment is 85% tax deductible as an ordinary and necessary business expense. My company gives permission for any and all use of my company name, employee(s) name(s), recognition in publications and photographs, in the news media, Chamber publications, collateral material, and on the Blount Partnership website, in regard to any or all Blount Partnership events and programs. My company also gives the Partnership permission to communicate with my contacts by fax and email (PLEASE **NOTE:** The Partnership DOES NOT rent or sell member emails and you may change your email options at any time) and to publish email, phone and fax numbers in Partnership publications and/or on the partnership website. Annual rate is subject to yearly adjustment. Dues are renewed automatically on an annual basis unless cancelled in writing.

Signature: _____

TIERED INVESTMENT SCHEDULE

Business Level (Not available to businesses with more than 10 employees)	\$350
Partner Level (Not available to businesses with more than 35 employees)	\$750
Classic Level	\$1500
Visionary Level	\$2500
Executive Level	\$3250
Chairman Level	\$5000
Presidential Level	\$7500
Premier Level	\$12000

TOTAL: _____

Make checks payable to: *Blount Chamber of Commerce*

METHOD OF PAYMENT (check one)

Cash Check Charge

Name (as it appears on card)

Account Number

Expiration Date

Billing Address (if different than above)

Signature

Membership dues are 85% tax deductible as a business expense!

Sold by: _____ Company: _____ Date: _____