



# Membership Application

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Employees: FT \_\_\_\_\_ PT \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Preference: \_\_\_\_\_ Email \_\_\_\_\_ Phone

Billing Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please select Investment Tier:

\_\_\_\_\_ Retiree (\$75) \_\_\_\_\_ Individual/Non-profit (\$100) \_\_\_\_\_ Small Business ≤ 4 employees (\$150)

\_\_\_\_\_ Tier 1 (\$300) \_\_\_\_\_ Tier 2 (\$550) \_\_\_\_\_ Tier 3(\$800) \_\_\_\_\_ Tier 4 (\$1,200)

**Please mail completed application to: Alma Area Chamber of Commerce, P.O. Box 2607, Alma, AR 72921 or email to [director@almachamber.com](mailto:director@almachamber.com). Feel free to contact our executive director, Shelly Faught with questions at 479-632-4127.**