



MEMBERSHIP APPLICATION

553 Glover Avenue, Enterprise, AL 36330
334.347.0581 | www.EnterpriseAlabama.com



Welcome! Please tell us about your business or organization.

Company Name: _____ **Year Est./Anniversary Date** _____

Physical Address *(published in directory):* _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address *(if different from above):* _____

City: _____ **State:** _____ **Zip:** _____

Company Phone: _____ **Company Website:** _____

Main Contact: _____ **Title:** _____ **E-mail:** _____

(Main contact is listed in Enterprise Chamber public directory and receives all Chamber mailings and e-communications.)

Total # of Full-Time Employees: _____ **Total # of Part-Time Employees:** _____

Type of Business/Business Category: _____

Company Description *(briefly list goods and/or services to be published in public directory on our website):*

Billing Info *(if different from above please fill out details below):*

Billing Contact: _____ **Title:** _____

Email: _____ **Phone:** _____

Company Name *(if name listed above is a d/b/a):* _____

Do you have a current business license with the City of Enterprise? *(circle one):* YES NO

Did anyone refer you to join the Chamber? *(if so please list name):* _____

Additional Info:

Primary reason(s) you are joining the Enterprise Chamber of Commerce *(check all that apply):*

- Networking & Professional Development**
 Business Education
 Marketing/Visibility
 Economic Development & Services
 Chamber Events
 Membership Benefits & Services
 Other *(please list reasons):* _____

Are you interested in volunteering for any of the events/committees below? *(check all that apply):*

- Boll Weevil Fall Festival**
 St. Patrick's Day Parade/Half Pint 0.5K
 Christmas Parade
 Senior Living Expo
 Ambassadors
 Tourism
 Military & Veterans Affairs
 Not Yet

Would you like to be contacted to schedule a Ribbon Cutting Ceremony *(circle one):* YES NO

Thank you for your support! Please return your completed application and payment *(investment schedule is listed on the back)* to the Chamber. Your application will be processed and a Chamber representative will contact you soon.

Signature of authorized representative: _____

Date Signed: _____



ANNUAL INVESTMENT



GENERAL BUSINESS MEMBERSHIP

(2 part-time employees = 1 full-time employee)

NUMBER OF EMPLOYEES	INVESTMENT RATE
1-5	\$245
6-10	\$285
11-25	\$375
26-50	\$450
51-100	\$575
101-250	\$700
251-500	\$980
501+	\$1,190

FINANCIAL INSTITUTIONS MEMBERSHIP

(Deposits per million applies to Banks & Credit Unions)

DEPOSITS	INVESTMENT RATE
Less than \$25 Million	\$595
\$26 to \$50 Million	\$890
\$51 to \$75 Million	\$1,190
\$76 to \$100 Million	\$1,720
\$101 Million	\$2,080
Other Financial Business	\$295

(Loan Production, Mortgage Company or Brokerage)

OTHER MEMBERSHIP INVESTMENT RATES

Non-Profit Organization \$100
**Includes: Charitable Organizations, Churches, Private Foundations, etc. recognized by IRS.*

Real Estate Associate Membership \$75
**Must be agent licensed under current member brokerage.*

Friend of the Chamber \$75
**Any person not representing a business, firm, corporation, association, non-profit, etc.*

OFFICE USE ONLY

PAYMENT TYPE: Cash Check (Check # _____) Credit Card (An Invoice will be sent to you via e-mail)

Date Processed _____ Staff Member _____