



2018 PARTNER APPLICATION

Please tell us about your business. The contact information you provide on your application will appear on our website Partner Directory and other Chamber publications. In addition, this information will ensure that we maintain quality communications with you and your organization.

Business Contact Information

Business Name _____

Owner/Manager Contact Name _____

Business Location Address _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

Email _____ Alt Email _____

Website _____

Business Ownership Information

Industry/Business Description _____ Year founded _____

Number of Full-time Employees _____ Number of Part-time Employees _____

Membership Levels:

- Level 1 \$75 Non-business Member; Individual or Couple Membership**
- Level 2 \$100 Business with 1-5 employees or Civic/Non-Profit 501(c)(3)**
- Level 3 \$125 Business with 6-10 employees**
- Level 4 \$150 Business with 11 or more employees**

Please list designated individual members for your level in the space below.

_____	_____
_____	_____
_____	_____
_____	_____