



Organization: _____
 Business Owner/Manager: _____
 Address: _____
 Email: _____
 Phone: _____ Established: _____

Membership Investment Schedule

Please select one of the following categories that best describes your business.

Section One

- Individuals** \$55.00
- Part-Time Business (Sales Rep, Lawn Mower, Crafter)**..... \$82.50
- Civic Clubs, Churches, Charitable Non-Profit Organizations**..... \$110.00
- Financial Institutions (Local Branch Only)** \$247.50+ \$16.50 per million of deposits _____million deposits x \$16.50 = \$_____ + Base Fee \$247.50 = **Total \$**_____

If you checked a box, please move on to Section Three if applicable or Section Four. Do not include full-time employee schedule.

Section Two

Full Time Employee Schedule for All Other Businesses: (Restaurants, Industry, Education, Professionals etc.)

- 1 to 3 Full Time Employees \$247.50
- 4 to 6 Full Time Employees \$302.50
- 7 to 10 Full Time Employees \$357.50
- 11 to 15 Full Time Employees \$412.50
- 16 to 20 Full Time Employees \$522.50
- 20 or More Full Time Employees \$660.00

Section Three

Additional Business Under Same Ownership: Please complete back with contact information.

_____ X \$55.00 per additional business + _____

Business Name _____ Business Type _____

Section Four

Billing

Total Membership Amount \$ _____

Please select one of the following:

- Annual - billed in full in June \$ _____
- Semi-Annual - billed in June and December..... \$ _____
- Quarterly - billed in June, September, December, and March..... \$ _____
- YES** I've enclosed a payment..... \$ _____



Organization: _____
Business Owner/Manager: _____
Address: _____
Email: _____
Phone: _____ Cell: _____
Text Y/N: _____ Established: _____

Membership Investment Schedule

Please add additional business information. Additional businesses have less employees than primary business.

First Additional Business

Please mark the box that most accurately describes your business.

- Individual** **Part-Time Business** **Civic Club, Church, Charitable Non-Profit Organization**
 Full Time Business **Please Specify** _____

Business Name _____ Date Established _____
Telephone _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Primary Contact Name: _____ Title: _____
E-mail _____ Telephone _____
Number of Employees: Full _____ Part Time _____
Hours _____
Website _____ Facebook _____

Second Additional Business

Please mark the box that most accurately describes your business.

- Individual** **Part-Time Business** **Civic Club, Church, Charitable Non-Profit Organization**
 Full Time Business **Please Specify** _____

Business Name _____ Date Established _____
Telephone _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Primary Contact Name: _____ Title: _____
E-mail _____ Telephone _____
Number of Employees: Full _____ Part Time _____
Hours _____
Website _____ Facebook _____