



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** ..... \$50.00
- Part-Time Business (Sales Rep, Lawn Mower, Crafter)**..... \$75.00
- Civic Clubs, Churches, Charitable Non-Profit Organizations**..... \$100.00
- Financial Institutions (Local Branch Only)** ..... \$225 + \$15 per million of deposits  
 \_\_\_\_\_ million deposits x \$15.00 = \$ \_\_\_\_\_ + Base Fee \$225 = **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 ..... \$225.00
- 4 to 6 Full Time Employees ..... \$275.00
- 7 to 10 Full Time Employees ..... \$325.00
- 11 to 15 Full Time Employees ..... \$375.00
- 16 to 20 Full Time Employees ..... \$475.00
- 20 or More Full Time Employees ..... \$600.00

### Section Three

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

\_\_\_\_\_ X \$50.00 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..... \$ \_\_\_\_\_



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## 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 \_\_\_\_\_