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2024 MEMBERSHIP APPLICATION

OFFICE Start Date _____ Renewal Date _____ EIN (optional) _____ Auth _____

MEMBERSHIP INFORMATION

Membership Type: ___ Individual (\$86.50) ___ Home-Based Business (\$142.50) ___ Nonprofit (\$142.50) ___ 2nd Business (50% discount)
___ Real Estate Brokerage (\$300) ___ Realtor w/current Member Brokerage (\$86.50) ___ Financial Institution (See Chamber for details.)
Business by employees: ___ 1-5 (\$300) ___ 6-10 (\$356) ___ 11-20 (\$407) ___ 21-50 (\$458) ___ 51-75 (\$508.50) ___ 76+

LISTING INFORMATION

Organization/Name: _____ Today's date : _____
Listing Address: _____
Mailing Address: _____
Web Address: _____ Business Phone: _____
E-Mail Address: _____ Other: _____
Listing Categories (up to 3): _____
Social Media: _____

CONTACT INFORMATION

Representative 1: _____ Title: _____
E-Mail Address: _____ Cell Phone: _____
Representative 2: _____ Title: _____
E-Mail Address: _____ Cell Phone: _____
Application completed by: _____ Signature: _____
___ YES! *Keep us in the loop!* Send additional e-newsletters to: _____

BILLING INFORMATION

SELECT ONE PAYMENT METHOD

- Annual Chamber Membership \$ _____ per year/invoiced annually **(Most popular! Pay now and save.)**
- Annual Chamber Membership \$ _____ per year/monthly draft | annual contract | 45-day written cancellation notice required | \$35.00 returned payment fee | Monthly draft not available for annual memberships less than \$300.00 | To apply, agree to monthly draft payments & complete ACH Bank Draft Form. ___ 1-5 (\$330/\$27.50/mo.) ___ 6-10 (\$390/\$32.50/mo.) ___ 11-20 (\$438/\$36.50/mo.)

CHECKING: Account _____ Routing _____ INITIALS: _____

PAYMENT RECEIVED - CHAMBER OFFICE ONLY

SELECT ONE PAYMENT METHOD

- Check # _____ Amount \$ _____ per year/invoiced annually RECEIVED BY: _____
- Credit Card Amount \$ _____ per year/invoiced annually RECEIVED BY: _____

CREDIT CARD AUTHORIZATION

Detach and shred upon completion. I hereby authorize Richmond Chamber of Commerce, Inc. to bill my credit card for a one-time payment of \$ _____ for my Annual Richmond Chamber of Commerce Membership.

Card type: _____ Number: _____ EXP: _____ CVV: _____

Billing Address: _____

Authorized Signature: _____ Date: _____ **Office:** _____