



201 E. Main St.
Richmond, KY 40475

859-623-1720
colleen@richmondchamber.com
www.richmondchamber.com

MEMBERSHIP APPLICATION

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

MEMBERSHIP INFORMATION

Membership Type: ___ Individual (\$86.50) ___ Civic Club/Non-Profit (\$142.50) ___ Real Estate Brokerage (\$300) ___ *Realtor(\$86.50)
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: _____

BILLING INFORMATION

SELECT ONE PAYMENT METHOD

- Annual Chamber Membership \$ _____ .00 per year/invoiced annually
- Annual Chamber Membership \$ _____ .00 per year/billed monthly (**complete ACH Bank Draft Form-fee**)

PAYMENT RECEIVED - OFFICE ONLY

SELECT ONE PAYMENT METHOD

- Check # _____ Amount \$ _____ .00 per year/invoiced annually RECEIVED BY: _____
- Credit Card Amount \$ _____ .00 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 \$ _____ .00 for my Annual Richmond Chamber of Commerce Membership.

Card type: _____ Number: _____ EXP: _____ CVV: _____
Billing Address: _____
Authorized Signature: _____ Date: _____ **Office:** _____