

**Hueytown Area Chamber of Commerce
MEMBER APPLICATION**



Name of Business: _____ Date: _____

Business Address _____

Type of Business _____ Email Address: _____

Phone: _____ Fax: _____

Please calculate yearly membership dues according to number of employees. Your dues are paid for one year from date of receipt of application and payment.

Employees 1 year

1-5 \$100

6-10 \$150

11-20 \$200

21-30 \$300

31-45 \$400

45+ Employees require a minimum Bronze Sponsorship

Individual / Civic / Church / Schools: \$25

Circle the number of employees and amount: Attach to check for the appropriate amount

SPECIAL MEMBERSHIP FEE (\$25) for PRIVATE individuals (no business relationship) or whose affiliation is with schools or churches. Please fill in personal name and address above.

Chamber Scholarship Fund

_____ I would like to contribute \$_____ to the Chamber Scholarship Fund! I have added this amount to my membership fee. (Thank you!)

Signature of Applicant: _____ Title: _____

Date revived by Chamber _____