



Membership Agreement Active

To be completed by GMCC
Profile ID Number:
Joined Reinstated Date:
Accts. Receivable Date:
Representative: Tim Hughes Packet Mailed

Company Name: As you would like it listed in the Chamber Directory

Physical Address: Street City State Zip Code Ext.

Billing Address: Same Street/P.O. Box City State Zip Code Ext.

Mailing Address: Same Street/P.O. Box City State Zip Code Ext.

County: Phone: Fax: Toll Free:

Website: http://www. Category Listings: 1. Primary Category 2. 3.

Preferred Method of Contact: Email Fax Mail

Company Founded Date: Month Year Minority Non-Minority Woman Owned

Main Contact: (Mr.) (Mrs.) (Ms.) (Dr.)

Name: Title:

Mailing Address same as above. If different: Street/P.O. Box City State Zip Code Ext.

Email: Phone: Cell: Please list my cell number on the Chamber's website

Additional Contacts: (Mr.) (Mrs.) (Ms.) (Dr.)

Name 1: Title: Email: Ph.: Name 2: Title: Email: Ph.:

List additional contact(s) information on the back of this form along with mailing address if different from above

Yearly Base Company Investment \$ 385.00
Employee Calculation: Full Time Employees (Owner is counted as a full-time employee) X \$6.70
Part Time Employees X \$6.70
Part Time Employees Calculation: Take the total number of weekly part-time hours and divide by 40. Round to nearest whole number and multiply by \$6.70. (i. e. 76/40 = 1.9 2 X \$6.70 = \$13.40)

Chairman's Club Investment Level Added Value Cornerstone \$10,000 Gold \$5,000 Silver \$1,000 Bronze \$500
Processing Fee: + \$ 25.00
Total Investment \$

Being in agreement with the policies and goals of the Greater Macon Chamber of Commerce, I agree to invest annually in the Chamber plus the one-time processing fee of \$25.00. I understand that a full year's membership investment is due with this application, and that subsequent annual renewal investments will be payable on this anniversary date. The Chamber may depend on my annual investment until I terminate this agreement in writing.

Signed: Title: Date:

Method of Payment:

Check Cash Visa M/C AX

Acct. # Expiration Date /

Authorization Signature for Credit Card:

Mail or Fax to: Greater Macon Chamber of Commerce P.O. Box 169 305 Coliseum Drive Macon, GA 31202 - 0169
(478) 621-2000 Fax: (478) 621-2021 maconchamber.com

Chamber of Commerce membership dues are generally tax deductible as ordinary and necessary business expense. The following notice is required by law: "Contributions or gifts to the Chamber of Commerce, including contributions are not deductible as charitable contributions for federal income tax purposes. Membership Agreements and Membership dues are subject to approval by the Board of Directors."