

# MEMBERSHIP APPLICATION FORM

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Date \_\_\_\_\_  
Referred by \_\_\_\_\_  
Company \_\_\_\_\_

Primary Business Category \_\_\_\_\_

Additional Categories \_\_\_\_\_

Short Business Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eight (8) Keywords to describe your products/services for search engine optimization  
\_\_\_\_\_  
\_\_\_\_\_

## Main Contact

Mr. Mrs. Ms. \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Line ( ) \_\_\_\_\_  
Email \_\_\_\_\_

## Other Company Representatives

### Billing Contact

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Marketing /Communications Contact

Name \_\_\_\_\_  
Email \_\_\_\_\_

### Human Resource Contact

Name \_\_\_\_\_  
Email \_\_\_\_\_

## Physical Address

Street \_\_\_\_\_  
City /State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

## Mailing Address (if different than physical address)

City / State/ Zip \_\_\_\_\_

Hours of Operation \_\_\_\_\_

## Total # of Employees

Full time \_\_\_\_\_ Part time \_\_\_\_\_

## Social Media

Your FaceBook \_\_\_\_\_

Your Twitter \_\_\_\_\_

Minority Owned Business

Woman Owned Business

Veteran Owned Business

SMART Plan medical insurance (Chamber)

## 12 Month Membership Investment Schedule

### Business

1-50 employees \$275.00

51-100 employees \$500.00

100+ employees \$750.00

Education & Government Agency \$400.00  
(additional school listing) \$150.00

Non Profit (must have 501 c 3 letter) \$200.00

Utility \$750.00

*Utility – any organization which provides services to the general public, although it may be privately owned. Public utilities include electric, gas, telephone, water and television cable systems.*

Hospital \$750.00

Individual \$100.00

*Individual memberships can't advertise business.*

Banks/ Credit Unions \$1,000.00

(additional branch listing) \$150.00

## Method of Payment

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

(We do NOT accept American Express.)

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_

Signature \_\_\_\_\_