

MEMBERSHIP APPLICATION FORM

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Date _____
Company Name _____
Primary Business Category _____
Additional Categories _____

Short Business Description _____

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

Referred By: _____

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 _____

American Express _____

Name on Card _____

Card Billing Address _____

Account Number _____

Exp. Date _____

V-Code _____

Signature _____