

# MEMBERSHIP APPLICATION FORM



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

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

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 \_\_\_\_\_

### Total # of Employees

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

### Social Media

FaceBook \_\_\_\_\_

Twitter \_\_\_\_\_

LinkedIn \_\_\_\_\_

- Minority Owned Business
- Woman Owned Business
- Veteran Owned Business

### 12 Month Membership Investment Schedule

- Individual \$130.00  
*Individual memberships cannot advertise business.*
- Business
  - 1-50 employees \$325.00
  - 51-100 employees \$575.00
  - 100+ employees/Banks/  
Credit Unions/Hospitals/Utilities \$1000.00
- Education & Government Agency \$450.00
- Non Profit (must have 501(c)3 letter \$240.00

**Note: Dues Investment Schedule subject to annual Review and adjustments.**

Year business was established \_\_\_\_\_

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

### Method of Payment

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

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

(We do NOT accept American Express)

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

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