

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
 - 51-99 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

Please note: Membership Dues Investment Schedule is subject to annual review and adjustment. Membership Dues are paid annually, and refunds for a partial year cannot be provided.

Year business was established _____

Hours of Operation _____

Method of Payment

Check ___ Cash ___ Card # _____

CCV - Visa _____ MasterCard _____ Discover _____

American Express (4 digits) _____

Name on Card _____

Card Billing Address _____