

# 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 \_\_\_\_\_