

Russell County

CHAMBER OF COMMERCE

The Heart of Southwest Virginia

Business/Company Name:																		
Contact Person #1/Title:																		
Contact Person #2/Title:																		
Business Mailing Address:																		
Business Physical Address:																		
Voice:																		
Fax:																		
E-Mail:																		
Web Address:																		
<p><u>DUES INVESTMENT SCHEDULE</u></p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Small Business: 1- 3 Employees</td> <td style="text-align: right; padding: 5px;">\$75.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Small/Medium Business: 4 – 25 Employees</td> <td style="text-align: right; padding: 5px;">\$100.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Medium Business: 25 – 100 Employees</td> <td style="text-align: right; padding: 5px;">\$200.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Large Business: 101+ Employees</td> <td style="text-align: right; padding: 5px;">\$300.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Non-Profit Government (Government Subsidized)</td> <td style="text-align: right; padding: 5px;">\$150.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Non-Profit (Non-Subsidized)</td> <td style="text-align: right; padding: 5px;">\$25.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Individual Member</td> <td style="text-align: right; padding: 5px;">\$50.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Associate Member</td> <td style="text-align: right; padding: 5px;">\$50.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Reciprocal or Comp. Member</td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 10px;">YOUR ANNUAL INVESTMENT IS DEDUCTIBLE AS A BUSINESS EXPENSE AND WILL BE DUE ON JANUARY 1 OF EACH YEAR. IF YOU ARE SUBMITTING AN APPLICATION FOR NEW MEMBERSHIP PLEASE CONTACT THE CHAMBER OF COMMERCE AT 276.889.8041 FOR YOUR PRO-RATED DUES FOR THE FIRST YEAR OF MEMBERSHIP.</p>	<input type="checkbox"/> Small Business: 1- 3 Employees	\$75.00	<input type="checkbox"/> Small/Medium Business: 4 – 25 Employees	\$100.00	<input type="checkbox"/> Medium Business: 25 – 100 Employees	\$200.00	<input type="checkbox"/> Large Business: 101+ Employees	\$300.00	<input type="checkbox"/> Non-Profit Government (Government Subsidized)	\$150.00	<input type="checkbox"/> Non-Profit (Non-Subsidized)	\$25.00	<input type="checkbox"/> Individual Member	\$50.00	<input type="checkbox"/> Associate Member	\$50.00	<input type="checkbox"/> Reciprocal or Comp. Member	
<input type="checkbox"/> Small Business: 1- 3 Employees	\$75.00																	
<input type="checkbox"/> Small/Medium Business: 4 – 25 Employees	\$100.00																	
<input type="checkbox"/> Medium Business: 25 – 100 Employees	\$200.00																	
<input type="checkbox"/> Large Business: 101+ Employees	\$300.00																	
<input type="checkbox"/> Non-Profit Government (Government Subsidized)	\$150.00																	
<input type="checkbox"/> Non-Profit (Non-Subsidized)	\$25.00																	
<input type="checkbox"/> Individual Member	\$50.00																	
<input type="checkbox"/> Associate Member	\$50.00																	
<input type="checkbox"/> Reciprocal or Comp. Member																		

Please list additional contacts associated with your business that you would like to receive meeting/special events notification. Include name and contact information (ie: e-mail or fax # for special notices).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Applicant Signature

Date

Date Application Approved:_____