



MEMBERSHIP CONTRACT

Date: _____

Business Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____ FAX: _____

E-mail : _____ URL Website: _____

Who Introduced You To The Chamber: _____

Business Description: _____

Membership Directory Category _____

No. of Employees: _____

How would you like to receive Chamber related information? Email Postal mail Fax

Chamber Interests: Education Committee Membership Task Force Governmental Affairs
 Marketing/Communications Business After Hours host

My signature confirms that this date _____ is set as the annual renewal date for my membership investment dues. Membership becomes void if dues are not received within 90 days of the invoice date. Membership plaque to be returned to chamber office upon termination of membership.

Signature: _____

Annual Membership Dues \$ _____ See investment schedule.
Payment Options: Annually Semi-Annually First time payment - annually
Check #: _____ Amount: \$ _____ for period ____ / ____ / ____ to ____ / ____ / ____
Checks payable to Apex Chamber of Commerce.
 Mastercard Visa
Account # _____ Exp. Date _____
Name as shown on card _____

Completing this contract and payment of membership fees entitles you to all benefits and advantages provided to Apex Chamber members. Members dues may be tax deductible as an ordinary business expense, but are not deductible as a charitable expense.