



Membership Application

Membership in the Arlington Area Chamber of Commerce is an investment in your business as well as your community. We are excited to have you as a part of our TEAM to improve the area’s economic growth and quality of life in this beautiful community.

BUSINESS OR ORGANIZATION INFO:

Business Name: _____

Business Category: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ # Employees: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Title: _____

E-Mail: _____ Website: _____

ADDITIONAL CONTACTS (Add'l individuals to receive communications from the Chamber):

NAME	TITLE	PHONE	E-MAIL

MEMBERSHIP INVESTMENT (check one):

- Business – \$150 base + \$3 per *additional* permanent full time equivalent (\$750 maximum)
- Financial Institution – \$350
- Non-Profit Organization – \$150
- Private Individual – \$50 (no business listing)

TOTAL MEMBERSHIP DUES: \$ _____ CHECK #: _____

Signature: _____ Date: _____

REMIT APPLICATION & PAYMENT TO: Arlington Chamber of Commerce, P.O. Box 545, Arlington, TN 38002