

Membership Application

Business Name: _____

Type of Business: _____ **Number of Employees:** _____

Physical Address: _____

(including City, State Zip)

Mailing Address: _____

(including City, State Zip)

Located in which County: _____ **Telephone:** _____ **Fax:** _____

Email: _____ **Website:** _____

Primary Contact Name: _____ **Title:** _____

CEO/President (if different from Primary Contact): _____

Is this your Headquarters or are you a Subsidiary: _____

Signature: _____ **Date:** _____

Please attach a check Payable to:

*Charlotte County Chamber of Commerce
PO Box 311
Charlotte Court House, VA 23923*

434-542-4546 phone

Annual Investment Dues:

<i>Individual or Charitable 501 (c)(3)</i>	\$ 50.00 (include copy of certificate)
<i>2 to 5 Employees</i>	\$ 75.00
<i>6 to 20 Employees</i>	\$125.00
<i>21 or more Employees</i>	\$175.00

Dues to the Charlotte County Chamber of Commerce are deductible as an ordinary and necessary business expense, not as a charitable contribution.

By applying for a membership in the Charlotte County Chamber of Commerce, I understand this membership will be renewed annually unless I provide written notice 90 days prior to the renewal date.

The Chamber reserves the right to approve or reject membership application within reasonable opinion whose purpose runs counter to the purpose of the Chamber of Commerce. Each membership application is reviewed and approved or rejected on a case-by-case basis at the discretion of the Board of Directors. Membership is not automatic.

This application will be submitted to the Board of Directors at the next regularly scheduled meeting. Membership will be approved if applicant meets the criteria. If membership is denied, applicant may re-apply either by invitation of the Board of Directors or at the end of 12 months.