



THE  
**Chamber**

AUGUSTA METRO CHAMBER OF COMMERCE

## Membership Application

### COMPANY INFORMATION

Information to be listed in our Online Member Directory

Date \_\_\_\_\_

\_\_\_\_\_  
Company Name Telephone County

\_\_\_\_\_  
Shipping (Physical) Address City State Zip

\_\_\_\_\_  
Billing Address (if different from Shipping Address) City State Zip

Please chose a category to be listed under in our Online Directory

\_\_\_\_\_  
Primary Category # Full-Time Employees # Part-Time Employees

\_\_\_\_\_  
Company Website [www.facebook.com/](http://www.facebook.com/) \_\_\_\_\_  
Facebook

\_\_\_\_\_  
@ Instagram [www.linkedin.com/](http://www.linkedin.com/) \_\_\_\_\_  
LinkedIn

### COMPANY CONTACTS

Member companies must designate a Primary Company Contact and a Billing Contact. Please also list anyone that you would like to receive our weekly email newsletter that lists our upcoming events and Chamber news.

\_\_\_\_\_  
Primary Company Contact Email Title

\_\_\_\_\_  
Billing Contact (if different from Primary) Email Title

\_\_\_\_\_  
Employee Name Email Title

\_\_\_\_\_  
Employee Name Email Title



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### COMPANY CONTACTS CONTINUED...

Employee Name	Email	Title
Employee Name	Email	Title
Employee Name	Email	Title

### OPTIONAL INFORMATION

*In support of our ongoing mission to be a voice for all members and serve the unique needs of our diverse membership, please consider adding information to your membership profile that will assist us in directing our efforts towards the distinctive assets of your business.*

*The below are optional self-identification fields for your company and personal profile – these will not display in the published Online Directory.*

#### Company Details

##### Company Certification/Designation (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Woman-owned   | <input type="checkbox"/> Industry-specific certified |
| <input type="checkbox"/> Veteran-owned                                       | <input type="checkbox"/> Small Business              |
| <input type="checkbox"/> Service-Disabled Veteran Owned                      | <input type="checkbox"/> Large Business              |
| <input type="checkbox"/> Minority-Owned                                      | <input type="checkbox"/> Foreign Business            |
| <input type="checkbox"/> Disabled Business Enterprise                        | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> HUBZone Business                                    | <input type="checkbox"/> Prefer not to answer        |
| <input type="checkbox"/> Self-certified Small Disadvantaged Business Concern |  |

#### Individual Details

##### To which age group do you belong?

- Under 21
- 21 to 34
- 35 to 44
- 45 to 54
- 54 or older
- Prefer not to answer

##### Gender:

- Male
- Female
- Prefer not to answer

##### Ethnicity (all that apply):

- White, European descent
- White, Middle East or North African
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian, Far East
- Asian, Southeast Asia
- Asian, Indian subcontinent
- Other
- Prefer not to answer



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# Membership Dues Formula

## I. GENERAL MEMBERSHIP

### Minimum Investment

Minimum investment (includes 5 full-time employees)..... \$335

One-time processing fee..... \$25

### Employee Count Formula (for companies with more than 5 employees)

Number of full-time employees above 5 \_\_\_\_\_ X \$5.00 each  
Total \$

Additional Locations (if applicable)..... \$150

Number of full-time employees above 5 \_\_\_\_\_ X \$5.00 each  
Total \$

## II. ENHANCED MEMBERSHIPS

For companies who wish to participate & support Chamber activities at a higher level.

- **President's Level** (minimum investment level)..... \$5,000
- **Partnership Level** (minimum investment level)..... \$2,500
- **Sustaining Member's Level** (minimum investment level)..... \$1,000

Circle the desired level above and enter the dollar amount indicated to the right. Total \$

## III. SPECIAL MEMBERSHIPS

Individual Membership (for employees of Chamber member companies)..... \$130

Associate Membership..... \$155

Companies with 5 or fewer employees that are located outside of Richmond County and are members of their local county Chamber.

Not-for-Profits..... \$130

A. Employee Count Formula (for companies with more than 5 employees)  
Number of full-time employees above 5 \_\_\_\_\_ X \$5.00 each \$

B. Processing Fee..... \$25

Total \$

In compliance with the Omnibus Budget Reconciliation Act of 1993, 10% of your membership dues are not deductible as a business expense because they are allocable to lobbying expenditures. Further information about this law should be obtained from your tax advisor.

Please return this form, with check enclosed, to: P. O. Box 1837, Augusta, GA 30903-1837. For further information, please call at 706-821-1300. If paying by credit card, please call the office at 706-821-1300 and press 0 for the receptionist.

Card Type (please check one):  Visa  MasterCard  Discover  American Express

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

CSV Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_