

# Chamber Programs

DISCOVER SOUTH FULTON WHERE GOOD THINGS ARE HAPPENING

## MEMBERSHIP APPLICATION

Return application to:  
6400 Shannon Parkway, Union City, GA 30291  
Or fax to 770-969-1969  
For questions call 770-964-1984

### Non-Chairman's Circle Levels

0-10 Employees	\$275
11-50	\$450
51-100	\$875
100+	\$1300
Charities & Service Clubs	\$275

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Name of Business # of Full Time Employees # Part Time Employees

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Main Phone Number Fax Website

\_\_\_\_\_  
Main Contact Name Title Email (for chamber's use only)

\_\_\_\_\_  
Requested Main Category Listing (for printed and website directories)

\_\_\_\_\_  
Secondary Listings (for website only)

\_\_\_\_\_  
Name of Top Local Executive or Manager Title Email

\_\_\_\_\_  
Name of Marketing Contact Title Email

\_\_\_\_\_  
Name of Human Resource Contact

\_\_\_\_\_  
25 Word Description for Web Listing

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Sponsor Name of Chamber Sales Person Name of Processor

\_\_\_\_\_  
Reason for Joining (10 words or less)

**METHOD OF PAYMENT**  Check  Cash  Visa  MasterCard  American Express

\_\_\_\_\_  
Annual Investment

\_\_\_\_\_  
Other

\_\_\_\_\_  
Processing Fee

\_\_\_\_\_  
Total:

\_\_\_\_\_  
Print Name on Credit Card

\_\_\_\_\_  
Credit Card # Exp. date

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**OFFICE USE ONLY** WELLET\_\_\_\_ WELPKT\_\_\_\_

DB/INV/PMT/BIL/LST\_\_\_\_ PLAQ\_\_\_\_ NMO\_\_\_\_

2009 SOUTH FULTON CHAMBER OF COMMERCE 7