

## Membership Application

This agreement certifies that (Business Name) \_\_\_\_\_ is a member of the Arkadelphia Area Chamber of Commerce and has access to benefits outlined in the membership options brochure.

The following annual investment levels are offered with the Arkadelphia Area Chamber of Commerce.

Chairman's Circle (\$5000) Presidents Circle (\$2500) Executive (\$1500) Advisory (\$499) Networker (\$260)

Business Name \_\_\_\_\_ has agreed to the following membership level \_\_\_\_\_ and has agreed to pay annually or semi-annually (circle one from above).

Business Address \_\_\_\_\_ Billing Address \_\_\_\_\_

Billing Contact/ Email: \_\_\_\_\_

Work Phone \_\_\_\_\_ Owner/Manager Cell \_\_\_\_\_

Work Email \_\_\_\_\_

To provide you the best level of service to assist you, it is important that the Chamber has adequate funding to operate. It is vital that all event expenses/membership incurred by your business are paid within 60 days.

You will be automatically invoiced on the anniversary date of your membership (each year) unless you let us know 30 days before the anniversary date that you 1). Want to change the level of your investment or 2). Do not want to be a member for the next year.

Please check the box to receive an online invoice to pay by credit card. A current email will be needed for all online invoices.

I agree to the terms outlined above on this date.

Printed Name and Position \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Arkadelphia Alliance and Area Chamber of Commerce  
201 North 26<sup>th</sup> Street  
Arkadelphia, AR 71923  
870-246-5542  
nikki@arkadelphiaalliance.com