

# Adel Cook Co Chamber of Commerce Membership Application

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Toll Free: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Number of Employees: Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_

Year Business Opened in Cook County: \_\_\_\_\_ Membership Annual Investment: \$ \_\_\_\_\_

## CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Use this person as the billing contact:  Yes  No

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Use this person as the billing contact:  Yes  No

## WEBSITE DISPLAY

Type of Business and Company Description:

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

Hours of Operation: \_\_\_\_\_

Special Driving Directions: \_\_\_\_\_

Keywords for website search:

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

Does your company have a Facebook Page?  Yes  No

## ANNUAL INVESTMENT \*For credit card payment please call the Chamber at 896-2281

| Number of Employees | Annual Cost | Number of Employees | Annual Cost |
|---------------------|-------------|---------------------|-------------|
| 1-3                 | \$200       | 36-50               | \$360       |
| 4-10                | \$220       | 51-100              | \$410       |
| 11-15               | \$250       | 101-200             | \$455       |
| 16-20               | \$275       | 200+                | \$500       |
| 21-35               | \$315       |                     |             |

Individual \$75

Civic Organization \$75

Non-Profit \$100

**ADDITIONAL REPRESENTATIVES**

Your Chamber membership extends to every member of your staff. While you're busy running your business, members of your staff can attend Chamber functions and bring the knowledge and contacts they gain back to you. To ensure that your staff is aware of Chamber happenings, you may add key representatives to our mailing list.

Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Why are you joining the Chamber?**

- Involvement:** get better connected by participating in programs and events
- Advocacy:** get problems solved by updates on legislative issues that effect your business
- Education:** get in the know by continuing educational opportunities
- Marketing:** get more visibility by promoting your business and community events and issues
- Communication:** stay informed about local businesses and community events and issues
- Credibility:** membership offers credibility to your business through chamber affiliation
- Other:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank You!***



***100 S. Hutchinson St, Adel, GA 31620***

***229-896-2281***

***\*\*Insurance Clause – Auto Owners Discount Restrictions: Potential member will be required to join the Chamber as a business member if discount is being applied to a business policy. Declaration page will be required to confirm individual policy to qualify for individual membership rate of \$75 annually.***