

REGIONAL CHAMBER OF COMMERCE

Application for Membership

Date: _____

Business Name: _____

- My Business is a new member.
- My Business is a renewing member.

Mailing Address: _____

Physical Address: _____
(if different from mailing address)

Phone: _____ Fax: _____

Mobile Phone: _____ Number of Employees: _____

Owner/Contact Person: _____

E-Mail Address: _____

Web site Address: _____

We would like to receive news, notice of Chamber activities and events, meeting minutes and other information pertinent to Chamber Members. I understand my email address will remain private and shall never be rented, sold or shared, and shall be used only for the purpose as described above.

Membership Investment Amount

1 – 5 Employees	\$100/year (or) \$13/month
6 – 10 Employees	\$150/year (or) \$18/month
11+ Employees	\$200/year (or) \$22/month
51 + Employees	\$300/year (or) \$30/month
Single Proprietorship	\$50/year

((Monthly payments are available on-line only))

Please make checks payable to:
The Regional Chamber of Commerce.
PO BOX 978 Pea Ridge AR. 72751
www.myregionalchamber.com | (479) 451-0599

Memberships are non-transferable and non-refundable.
The Regional Chamber of Commerce. PO BOX 978 Pea Ridge AR. 72751