

Membership Application

Or apply online: <http://members.bedfordcountychamber.com/member/>

This information will be used in the Chamber's website and printed member directories.

Company/Organization Name _____

Primary Contact & Title (Contact to be included in listing) _____

Street Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Fax _____

Email _____ Website _____

Description (approx. 25 words) _____

Billing & Additional Contact Information (this is for Chamber use, not for publication)

Mailing/Billing Address _____
(if different from above)

City _____ State _____ Zip _____ - _____

Mobile _____ May the Chamber communicate with you via email? _____

Do you have a Facebook Page? Yes _____ No _____ (We like all of our members' pages!)

Please List Additional Contacts in your Business with their Email Addresses (if so desired)

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Business Classifications (Your business will be included under categories 1 & 2 in the printed directory;
 Your business will be included in categories 1,2,3 & 4 in the online directory
 (Please see classification list if you are unsure of your categories)

1) _____ 2) _____

3) _____ 4) _____

I would like more information about these Chamber programs, events and committees (optional)

- | | |
|---|---|
| <input type="checkbox"/> Annual Dinner & Awards Celebration | <input type="checkbox"/> Chamber Golf Tournament |
| <input type="checkbox"/> Home, Garden & Lifestyle Show | <input type="checkbox"/> Bedford County Outdoor Challenge |
| <input type="checkbox"/> Business Community Showcase | <input type="checkbox"/> Leadership Bedford County |
| <input type="checkbox"/> Technology Conference & Seminars | <input type="checkbox"/> Youth Leadership Bedford Co. |
| <input type="checkbox"/> Government: It's Your Business Events | <input type="checkbox"/> BASICS |
| <input type="checkbox"/> Business at Breakfast/Lunch-n-Learn Events | <input type="checkbox"/> Chamber Foundation Twilight Dinners |
| <input type="checkbox"/> Business After Hours | <input type="checkbox"/> Workforce Development & Career Exploration Events |
| <input type="checkbox"/> Chamber Bowling Tournament | |
| <input type="checkbox"/> NovemBEER Festival | |
| <input type="checkbox"/> Women in Business Events | |
| <input type="checkbox"/> Agri-Business Events | |
| <input type="checkbox"/> Marketing Programs | |

| | |
|--|--|
| Your signature: _____ | <u>Membership Investment Opportunities:</u> Founder's Circle: \$5,000/year Executive: \$2,500/year Premium: \$1,100/year Investor: \$525/year Basic: \$250/year |
| Print Name _____ | |
| Today's Date _____ <i>(This is your Chamber anniversary date & dues renewal due date)</i> | Membership Investment: \$ _____ |
| Year Founded: _____ | |
| Number of Employees: _____ | _____ I would like to take advantage of the auto-debit program and pay my dues in quarterly installments. |
| Full time _____ Part Time _____ <i>(Chamber Advantage Cards will be distributed based on these counts.)</i> | <i>(Complete & Attach Auto-Debit Form)</i> |



Bedford County Chamber of Commerce

Leading Businesses. Leading Communities.™

Chamber members may pay dues in quarterly installments using our auto-debit option.
Complete and sign this form to authorize withdrawals.

Authorization Agreement for Automatic Banking Services

Company Name: Bedford County Chamber of Commerce

I hereby authorize **The Above Named Company**, hereinafter called COMPANY, to initiate Credit Debit (select one) entries and to initiate, if necessary, adjustments for any entries in error to my (our) accounts indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such accounts.

| | | | |
|--------------------------------|-------|---------------------|-----------------|
| DEPOSITORY NAME (PLEASE PRINT) | | BRANCH | |
| CITY | STATE | ZIP | TRANSIT/ABA NO. |
| CHECKING ACCOUNT NO. | | SAVINGS ACCOUNT NO. | |

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

| | |
|--------------------|------|
| NAME(S) | |
| CUSTOMER ID NUMBER | DATE |

Choose Withdrawal Schedule (check one)

Full payment Annually (On application anniversary date)

Quarterly payment: (May 15, August 15, November 15 & February 15)

Signature/ Date _____

Print Name _____