



CRENSHAW COUNTY CHAMBER OF COMMERCE

P. O. Box 4, Luverne, AL 36049 334-335-4468

Crenshawco.chamber@yahoo.com

www.crenshawcochamber.com

APPLICATION FOR MEMBERSHIP

Applicant: _____

Address: _____

Email Address & Telephone No. _____

The undersigned Firm, Individual or Institution hereby makes application for membership in the *Crenshaw County Chamber of Commerce*. This membership, according to the schedule of dues, approved by the Board of Directors, requires an annual investment of \$_____.

The amount of \$_____ accompanies this application.

It is expressly agreed and understood by the undersigned that payment of the above sum entitles the undersigned membership in the *Crenshaw County Chamber of Commerce*. Dues will be payable annually on the anniversary date of original application. This agreement shall continue in force until terminated by written notice by the undersigned or by the Board of the *Crenshaw County Chamber of Commerce*.

Applicant Signature/Title

Date

Annual Dues Schedule

Year My Business Started _____

Individuals	\$ 35
Civic Organizations	\$ 50
Businesses 0-5 employees	\$ 75
Businesses 6-15 employees	\$150
Businesses 16-25 employees	\$200
Businesses 26-50 employees	\$300
Businesses over 50 employees	\$500

For Office Use Only
Date Paid _____
Amount _____
Check # _____