

CRENSHAW COUNTY CHAMBER OF COMMERCE

P. O. Box 21, Luverne, AL 36049 334-355-6200

info@crenshawcochamber.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.

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 either in January or July, depending on the timeline of when your membership began. 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