



Membership Form

Date: _____

Business or Individual Name: _____

Contact Person: _____ Owner: _____

Business Number: _____ Business Email: _____

Business or Home Street Address: _____

Mailing Address: _____

Cell/other: _____ Facebook: _____

Instagram: _____ Website: _____

Type of Business: _____

DUES

First business, up to 10 employees:	\$150	Nonprofits:	\$150
First business, up to 25 employees:	\$200	Individuals:	\$75
Second business:	\$100	Utility companies/Railroads:	\$700
Third business:	\$100	Banks:	Percentage based

**Every 25 employees after 25 is an additional \$50. EX: 50 employees would be \$250*