

Membership Application

Date: _____

Name of Company/Organization _____

Primary Contact _____ Title _____

Primary Contact's Email Address _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

DIRECTORY LISTING:

Physical Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Website _____ # of Employees _____

Social Media Sites _____ Directory Category(s) _____

Business Description

Please include a brief description of your business services and/or products. This will appear on your website listing. Hours of operation may also be included. (200 characters – Supporter; 1,600 characters – Business Builder Level+)

Investment Level	Price	Choice
Presidential	\$5,000	
Platinum Partner	\$3,000	
Business Innovator	\$1,500	
Community Connector	\$1,000	
Influencer	\$750	
Business Builder	\$500	
Supporter	\$250	
Friend (Individual)	\$50	
Non-Profit (Any Level)	25% Off	
TOTAL		

Mail to: **Carroll County Chamber of Commerce**
P.O. Box 175 Delphi, IN 46923

Deliver to: 215 S. Washington St. Delphi
or 4 E. Main St., Flora

Credit Card Payments: please contact
the office (765)564-6757

By submitting your payment of dues, you acknowledge and agree to abide by our Code of Conduct. The Code of Conduct outlines the standards of behavior expected of all members and ensures a respectful and supportive environment. A copy of the Code of Conduct is available at www.carrollcountychamber.com

Member-to-Member Discount Offer (optional): _____

Additional Representatives

Your Chamber membership extends to every member of your staff. While you are busy running your business, members of your staff can attend Chamber functions and bring the knowledge and contacts they gain back to you. To ensure that your staff is aware of Chamber happenings, you may add key representatives to our mailing list. If you would like for any/all of these to be included in the public online membership directory as representatives of your business or organization, please **check** the box by each name you wish to include. Thank you!

Representative _____ Title _____
Email Address _____ Phone _____

Representative _____ Title _____
Email Address _____ Phone _____

Representative _____ Title _____
Email Address _____ Phone _____

Why are you joining the Chamber?

- Involvement: get better connected by participating in programs and events
- Advocacy: get problems solved by updates on legislative issues that affect your business
- Education: get in the know by continuing educational opportunities
- Marketing: get more visibility by promoting your business with sponsorships/advertising
- Communication: stay informed about local businesses and community events and issues
- Credibility: membership offers credibility to your business through chamber affiliation
- Other: _____

Thank You

