



2018

Membership Application

Name of Applicant	Website:
Name of Company / Organization	Facebook:
Company / Organization Mailing Address	Office phone:
	Cell phone:
	Email:

of Full-Time Employees ____ + (plus) ½ of the # of Part-Time Employees ____ = (equals) ____ Total Employees
 Based on the chart, my Membership Category is # ____, and annual dues for all membership benefits are \$ _____

	2018 Membership Dues
#1 - Individual Citizen Support	\$ 60 per year
#2 - Church, Government, School, Non-profit	\$ 150 per year
#3 - Home-Based Business with no employees	\$ 175 per year
#4 - Established Business with 0 to 3 employees	\$ 200 per year
#5 - Established Business with 4 to 20 employees	\$ 300 per year
#6 - Established Business with 21 to 40 employees	\$ 500 per year
#7 - Established Business with 41 to 75 employees	\$ 700 per year
#8 - Business with more than 75 employees	\$ 1,000 per year

Your dues may be tax-deductible. Please consult your tax preparer. Federal EIN 55-0712871

Total Amount Paid: \$ _____

Your signature _____ Today's date _____

Payment: St. Albans Area Chamber of Commerce
 PO BOX 675
 ST. ALBANS WV 25177

304-727-7251
MySAWV@gmail.com
 MySAWV.com
 Facebook.com/
 SAWVchamber