

Blackwell Chamber of Commerce
Chamber Membership Form

Name/Business Name: _____
Membership Classification (See Below): _____
Contact Name: _____
2. _____ 3. _____
Mailing Address: _____
Physical Address: _____
Telephone: _____ Fax: _____
Email: _____
Website: _____
of Employees: _____
Membership Investment (See Below): _____

Signature: _____
Date: _____ Chamber Contact: _____
Thank You for Investing in Our Community

Membership Dues Structure

Primary Business

Based on number of full-time employees:

1-15 employees	\$200
16-40 employees	\$350
41-100 employees	\$700
101-225 employees	\$1,000
226 + employees	\$1,500

Banking Institutions **\$1,700**

Non Profit Organizations **\$100**

Churches, service clubs, etc.

In Home/Small Business **\$75**

Limited to 2 full-time employees and less than \$20,000 annual income

Associate **\$50**

Individual or family (only names listed, not a business listing)

Associate Volunteer **\$25**

Individual or family (only names listed, not a business listing)

Volunteer a minimum of 25 hours per year at Chamber activities