



MEMBERSHIP APPLICATION

Date ____ / ____ / ____

Company Name _____

Mailing Address _____
street city state zip

Contact Person _____

Title _____

Phone _____ Fax _____

E-mail _____

Website Address _____

Business Classification _____ # of Employees _____

NOTE: To have your company's 150-word description included on the Chamber website, e-mail it to accc1@accc1.comcastbiz.net!

Investment Amount \$ _____
(see below)

MEMBERSHIP DUES

For-Profit Businesses

(Part time counts as 1/2 employee)

1 – 5 Employees: \$140

6 – 25 Employees: \$230

26 – 50 Employees: \$340

51 – 100 Employees: \$450

101 – 250 Employees: \$660

251 – 500 Employees: \$760

501 and Over: \$1,260

Utilities \$590

Banks/Financial Institutions \$460

Educational Institutions \$210

Agencies \$100

Personal/Elected Officials \$100

Service Associations \$80

Your investment is tax deductible as a business expense and is continuous unless cancelled in writing.

Please return completed application to:

Armstrong County Chamber of Commerce | 125 Market Street, Suite 1 | Kittanning, PA 16201