



Membership Application

Annual Investment Schedule

I. Employees

(full-time equivalent)

1-5	\$250.00
6-10	\$275.00
11-15	\$300.00
16-20	\$325.00
21-25	\$350.00
26-30	\$375.00
31-35	\$400.00
36-40	\$425.00
41-45	\$450.00
46-50	\$475.00
51-55	\$495.00
56-60	\$515.00
61-65	\$535.00
66-70	\$550.00
71-75	\$570.00
76-80	\$590.00
81-85	\$610.00
86-90	\$630.00
91-95	\$650.00
96-100	\$670.00

Over 100 \$670.00 + \$3/employee

2 Part-time = 1 Full-time Employee

II. Financial Institutions

\$400 + \$27.50/million

III. Real Estate

1-5 agents	\$250
6-10 agents	\$500
10-20 agents	\$1,000

IV. Hotel/Motel

<10 rooms	\$250
>10 rooms	\$250 + \$5/room

V. Home-Based Business

\$175

VI. Nonprofit or Individual

\$125

**Rogers-Lowell Area
Chamber of
Commerce**

317 W. Walnut St.
Rogers, AR 72756
Phone 479-636-1240
Fax 479-636-5485
www.RogersLowell.com

Company _____

Prefix ____ Name _____ Title _____

Mailing Address _____

Physical Address _____ County _____

City _____ State _____ Zip _____

Check here if you do not want address listed in our web or printed directory.

Email _____ Phone _____

Website _____ Fax _____

By including fax and email address, applicant consents to receiving these communications from the Rogers-Lowell Area Chamber of Commerce only.

Number of Employees: Full-time _____ Part-time _____

Business Category (for directory listings) _____

Description of Your Business (20 words or less) _____

Preferred Communication: Email

Mail

Optional: Minority-owned? Yes

No

Representative Name _____

Phone _____ E-mail _____

Representative Name _____

Phone _____ E-mail _____

For Additional Information, Visit www.RogersLowell.com

Membership Investment Amount \$ _____

Payment Method:

Visa MC AMEX Discover Cash Check # _____

Card#

Exp. Date _____ Card Security Code _____

3- or 4-digit number on back of card or above card number

Cardholder Name _____

Card Billing Address _____ Zip Code _____

Signature _____

Special instructions _____

By signing below, I certify that my business holds all required licenses.

Name & Title _____

Signature _____ Date _____

Sales ID _____ Member ID _____ Inv. # _____ Date _____ By _____