



903 Skyway Drive
 Monroe, NC 28110
 704-289-4567
www.unioncountycoc.com

2010 MEMBERSHIP APPLICATION

<u>UCCoC Use Only</u>	
Date _____	
PAID: Ck _____ Credit Card _____	
Amount \$ _____	
Chamber Rep. _____	
MS	
JP	
TD	
JC	

Membership Applicant Information:

nmd/01-05-10

Company Name:			
Main Contact:	Title:		
Mailing Address:	City	State	Zip
Physical Address:	City	State	Zip
Phone:	Fax:		
Email:	Website:		
Other emails:			

Description of Company/Business: _____

***Category/Alphabetical Listing(s) desired:** *(See Business/Member Directory on Chamber website.)*

(1) _____ (Free) (2) _____ (Free)

***General Membership Investment Levels Other Membership Investment Levels**

Employees	Member Dues	Employees	Member Dues
1-5	375.00	151-300	1,025.00
6-15	425.00	301-500	1,325.00
16-25	500.00	501-1000	1,825.00
26-50	575.00	1001-3000	2,625.00
51-100	775.00	Above 3000	4,625.00
101-150	925.00		

***Non-Profit and Professional Membership Investments**

	Employees 1-5	Employees 6-45	Employees 46-145
Accounting Firms, Architects, Engineers, Law Firms, Physicians	\$375 (includes one professional +5 employees)	\$60 for each additional professional	\$7.00 each staff member in excess of five
Banks	\$15./Million 0-70 Million; \$12./Million – 71-40 Million; \$7./Million 141=Million in deposits in Union County		
Real Estate	\$375	Includes 1 managing broker and 5 employees – Add \$7.00 for each additional staff member.	Optional for \$60 an agent can be listed separately in directory.
Apartments Hotels/Motels	\$375 for first 10 units	Add \$2.00 each for next 60 units–Add \$1.00 each unit over 70	
Individuals	\$300	Not associated with any business or company	
Non-Profit/Religious	\$300	\$7.00 each	\$3.00 each \$1.00 each

Please complete ONLY ONE OF THE FOLLOWING CATEGORIES:

- 1. General – Total # of employees: Full-time_____ Part-time_____
- 2. Government – Total # of employees: Full-time_____ Part-time_____
- 3. Accounting Firms, Architects, Engineers, Law Firms, Physicians -
Total # of professionals: _____
Total # of employees on staff: Full-time_____ Part-time_____
- 4. Banks – Total Deposits (Union County) \$_____
- 5. Real Estate – Total # of employees: Full-time_____ Part-time_____
- 6. Apartments/Hotels/Motels – Total # of units/rooms: _____
- 7. Non-Profit/Religious – Total # of employees: Full-time_____ Part-time_____

TOTAL Membership Investment \$_____

Method of Payment:

_____ My check/money order is enclosed/attached.

_____ Please charge my credit card

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___ Visa ___ Master Card ___ American Express

Expiration date: _____ / _____ CID# _____ (Required for Purchase)

Name as appears on card: _____

Billing Address for cardholder: _____

Signature of cardholder: _____ Date: _____

Today's Date _____ / _____ / _____ Chamber Rep: Nancy McCoy Duncan, Director of Business Development

INFORMATION REQUEST

The e-BizLink, the chamber's bi-weekly newsletter and other communications from the Chamber are emailed to members and member representatives. Please make sure to include all email addresses of member representatives below.

(Please make sure the email address for the *primary contact* for your membership is correct on the front of the application.)