



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

2009 MEMBERSHIP APPLICATION

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

Membership Applicant Information:

nmd/02-13-09

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 41=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	\$250	Not associated with any business or company	
Non-Profit/Religious	\$250	\$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

How would you like to receive *The Business Link*, the chamber's monthly newsletter and other communications from the Chamber? Please indicate by checking the appropriate place below.

_____ E-mail _____ Mail

(If you choose e-mail, please make sure we have your correct email address on the front of the application.)