



**Mount Ida Area Chamber of Commerce
Membership Application / Renewal for 2017-18
(July, 1, 2017 – June 30, 2018)**

Business Information (Please Print)

Name of Business/Organization: _____

Telephone Number: _____

Mailing Address: _____

Street Address: _____

E-mail Address: _____

Description: *In 100 words or less, describe your business for publication on our website: <http://mtidachamber.com>*

_____ (Continue on back if additional space is needed.)

Social Media Links: *Help us help you! Please share your social media links with us so we can help share your news!*

Website: _____

Facebook: _____

Google+: _____

Twitter: _____

Responsible Party: *Who should we contact regarding your membership? (This information is for internal use only.)*

Name: _____ Telephone: _____

Title: _____ Role: Owner Employee

Annual membership dues are based on business type and number of permanent employees, including the owner.
Please calculate your membership dues using the following table:

Range 1 (1-2 Employees)	\$100	Non-Profit w/ Paid Employees	\$ 75
Range 2 (3-5 Employees)	\$115	Non-Profit w/ Volunteers Only	\$ 10
Range 3 (6-20 Employees)	\$145	Churches	\$ 10
Range 4 (21-50 Employees)	\$215	Individual Community Member	\$ 50
Range 5 (51+ Employees)	\$295		

Amount Enclosed: \$ _____
 Paid Online

SIGNATURE _____ Date: _____

We look forward to having your business as a member this year. Thank You for Joining Us!
Mount Ida Area Chamber of Commerce, 124 Highway 270 W, Post Office Box 6, Mount Ida, AR 71957-8000
870-867-2723 • www.mtidachamber.com • www.fb.com/MountIdaAreaChamberOfCommerce