



**Mount Ida Area Chamber of Commerce  
Membership Application / Renewal for 2018-19  
(July, 1, 2018 – June 30, 2019)**

**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](http://www.mtidachamber.com) • [www.fb.com/MountIdaAreaChamberOfCommerce](http://www.fb.com/MountIdaAreaChamberOfCommerce)