

MEMBERSHIP AGREEMENT

Company _____

Contact person _____ Title _____

Address _____ * E-mail address _____

* We will not sell, rent, loan or give away your information to third parties

City _____ State _____ Zip _____ Telephone _____

Website: _____

Business Classification: _____ Number of Employees _____ Year established _____

Describe your business or organization below. This information will be used for our Membership Directory.

Investment \$ _____ Signature _____ Date _____

General Business or Municipalities		Financial Institutions	
<i>Owners + Number of Full Time Employees</i>	<i>Investment Amount</i>	<i>Assets</i>	<i>Investment Amount</i>
1	\$ 55	25 ML	\$220
2-5	\$ 90	25-50 ML	\$385
6-10	\$130	50+ ML	\$550
11-20	\$200		
21-35	\$250	<i>Other</i>	<i>Investment Amount</i>
36-50	\$300	Utilities	\$550
51-75	\$330	Non-Profit Organizations / Elected Officials	\$ 60
76-100	\$385	Businesses with multiple operators (outfitters, hair salons, antique malls)	\$ 60
101-150	\$440	Family Farm	\$ 40
A part time employee is equal to 1/4 of a full time employee		Individual	\$ 30
Professionals Add \$50 per professional based on the General Business investment schedule. Professionals include Doctors, CPAs, Insurance Agents, Attorneys, etc.		If you have questions regarding fees, please contact us and we will be glad to help.	