

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		Financial Institutions	
<i>Owners + Number of Full Time Employees**</i>	<i>Investment Amount</i>	<i>Assets</i>	<i>Investment Amount</i>
1	\$ 90	25 ML	\$300
2-5	\$ 115	25-50 ML	\$465
6-10	\$155	50+ ML	\$700
11-20	\$250		
21-35	\$325	Other	Investment Amount
36-50	\$375	Utilities	\$700
51-75	\$455	Volunteer or Non-Profit with no more than 2 employees	\$ 75
76-100	\$510	Businesses with multiple operators (outfitters, hair salons, antique malls)	\$90
101-150	\$700	Family Farm	\$75
*** Add an additional \$5 for each part-time employee.		Individual/ Elected official	\$50
Municipalities Fee is calculated as \$1 per 5 residents Exp: 1000 residents=\$200		If you have questions regarding fees, please contact us and we will be glad to help.	