



Membership Application

This agreement certifies that (Business Name) _____ is a member of the Arkadelphia Area Chamber of Commerce and has access to benefits outlined in the membership options brochure.

The following annual investment levels are offered with the Arkadelphia Area Chamber of Commerce.

Chairman's Circle (\$5000) Presidents Circle (\$2500) Executive (\$1500) Advisory (\$500) Networker (\$260)

Business Name _____ has agreed to the following membership level _____ and has agreed to pay annually or semi-annually (circle one from above).

Business Address _____ Billing Address _____

Billing Contact/ Email: _____

Work Phone _____ Owner/Manager Cell _____

Work Email _____

To provide you the best level of service to assist you, it is important that the Chamber has adequate funding to operate. It is vital that all event expenses/membership incurred by your business are paid within 60 days.

You will be automatically invoiced on the anniversary date of your membership (each year) unless you let us know 30 days before the anniversary date that you 1). Want to change the level of your investment or 2). Do not want to be a member for the next year.

Please check the box to receive an online invoice to pay by credit card. A current email will be needed for all online invoices.

I agree to the terms outlined above on this date.

Printed Name and Position _____

Signature _____ Email _____

Arkadelphia Alliance and Area Chamber of Commerce
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