Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated

**MEMBERSHIP APPLICATION**

ATHENS AREA CHAMBER OF COMMERCE

13 North Jackson Street, Athens TN 37303

(423)745-0334

[Tonya@athenschamber.org](mailto:Tonya@athenschamber.org)

Contributions or gifts to the Athens Area Chamber of Commerce are not tax deductible as charitable contributions.

However, they may be tax deductible as ordinary and necessary business expenses.

**Payment MUST accompany this application for processing.**

**Please Contact the Chamber office for your yearly investment fee.**

**ALL APPLICATIONS ARE SUBJECT TO BOARD APPROVAL.**

Membership automatically renews each year UNLESS resignation is communicated prior to renewal date.

Member Name (as you wish it to be listed on our chamber website):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or P.O. Box City State Zip Code

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact #: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Office \_\_\_Home \_\_\_Cell Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this an additional business? \_\_\_**Yes \_\_\_No**

**PLEASE DEFINE YOUR BUSINESS DETAIL:**

1. Is this business a non-profitbusiness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there a paid executive?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is this business a Franchise or a Privately Owned Company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you a \_\_\_**Bank \_\_\_Hospital \_\_\_Church \_\_\_Retiree Out of State Business** ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are there additional businesses? **Please complete an application for EACH additional business**.

5. Are additional representatives desired beyond the allowed amount? **Y N** If so, how many? (list below) \_\_\_\_\_\_\_\_\_

**PLEASE LIST YOUR REPRESENTATIVES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Representative Name** | **Title** | **Email** | **Phone (Cell if available)** |
|  | **Accounts Payable** |  |  |
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|  |  |  |  |
| **PLEASE CONTACT THE CHAMBER @ (423)745-0334 FOR YOUR YEARLY INVESTMENT FEE** | | | |
| **For Office Use Only**  **The Investment for this business will be $ \_\_\_\_\_\_\_\_\_per year. You are allowed up to\_\_\_\_\_\_ representatives.**  **Recruiter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Application Received: \_\_\_\_\_\_\_\_\_**  **Data Entry:**  **\_\_\_\_ChamberMaster \_\_\_Mailchimp Date Payment Received: \_\_\_\_\_\_\_\_ Ck#\_\_\_\_\_\_\_\_ CC Approval\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_** | | | |

**We Appreciate You Taking the Time to Apply for Membership with your Athens Area Chamber of Commerce!!**