



859-623-1720
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2025 MEMBERSHIP APPLICATION

OFFICE Start Date _____ Renewal Date _____ EIN (optional) _____ Auth _____

MEMBERSHIP TYPE

2025 Signature Membership (Annual) : ___ 1-5 employees (\$300) ___ 6-10 employees (\$356) ___ 11-20 employees (\$407)
___ 21-50 employees (\$458) ___ 51-75 employees (\$508.50) ___ 76+ employees (See Chamber for details.)

Specialty Membership: ___ Supporting Community Member (\$86.50) ___ Nonprofit Organization (\$142.50) ___ 2nd Business (50% discount)
___ Individual Realtor w/current Member Brokerage (\$86.50) ___ Financial Institution (See Chamber for details.)

MEMBER PROFILE | DIRECTORY INFORMATION

Organization/Name: _____ Today's date : _____

Listing Address: _____

Mailing Address: _____

Web Address: _____ Business Phone: _____

E-Mail Address: _____ Other: _____

Listing Categories (up to 3): _____

Social Media: _____

CONTACT INFORMATION

Representative 1: _____ Title: _____

E-Mail Address: _____ Cell Phone: _____

Representative 2: _____ Title: _____

E-Mail Address: _____ Cell Phone: _____

Application completed by: _____ Signature: _____

___ YES! Keep us in the loop! Send additional e-newsletters to: _____

BILLING INFORMATION | PLEASE SELECT ONE PAYMENT METHOD

- Annual Chamber Membership \$ _____ per year/invoiced annually (Most popular! Pay now and save.) ___ Check ___ CC Below
• Annual Chamber Membership \$ _____ per year/monthly draft | annual contract | 45-day written cancellation notice required |
\$35.00 returned payment fee | Monthly draft not available for annual memberships less than \$300.00 | To apply, agree to monthly draft
payments & complete ACH Bank Draft Form. ___ 1-5 (\$330/\$27.50/mo.) ___ 6-10 (\$390/\$32.50/mo.) ___ 11-20 (\$438/\$36.50/mo.)

MONTHLY DRAFT ONLY Checking Account _____ Routing _____

PAYMENT RECEIVED - CHAMBER OFFICE ONLY SELECT ONE PAYMENT METHOD

- Check # _____ Amount \$ _____ per year/invoiced annually RECEIVED BY: _____
• Credit Card Amount \$ _____ per year/invoiced annually RECEIVED BY: _____

CREDIT CARD AUTHORIZATION

Security void upon completion. I hereby authorize Richmond Chamber of Commerce, Inc. to bill my credit card for a one-time payment of \$ _____ for my Annual Richmond Chamber of Commerce Membership.

Card type: _____ Number: _____ EXP: _____ CVV: _____

Billing Address: _____

Authorized Signature: _____ Date: _____ Office: _____