



859-623-1720   
colleen@richmondchamber.com   
www.richmondchamber.com

# 2026 MEMBERSHIP APPLICATION

**OFFICE** Start Date \_\_\_\_\_ Renewal Date \_\_\_\_\_ EIN (optional) \_\_\_\_\_ Auth \_\_\_\_\_

## MEMBERSHIP TYPE

**2026 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:** \_\_\_\_\_