



2024 Membership Application

COMPANY INFORMATION

Business Name

Primary Contact Name

Address

Phone

City, State, Zip

E-mail

Website

Social Media Handle(s)

Business Category

Number of Employees

BUSINESS DESCRIPTION

TOTAL INVESTMENT

Annual Fee (see back):

+ \$25 one-time fee =

Please charge my credit card:

Card Number:

Name on Card:

Exp:

CVV:

Check or Money Order Enclosed, payable to Columbia County Chamber of Commerce

MEMBERSHIP INVESTMENT LEVELS

1-2 full-time employees or equivalent	\$304
3-4 full-time employees or equivalent	\$354
5-6 full-time employees or equivalent	\$374
7-8 full-time employees or equivalent	\$394
9-10 full-time employees or equivalent	\$411
11-15 full-time employees or equivalent	\$514
16-20 full-time employees or equivalent	\$654
21-30 full-time employees or equivalent	\$767
31-49 full-time employees or equivalent	\$1,027
50-75 full-time employees or equivalent	\$1,286
76-100 full-time employees or equivalent	\$1,483
101+ full-time employees or equivalent	\$1,683

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