

CHAMBER MEMBERSHIP – APPLICATION

* REQUIRED INFORMATION TO BE CONSIDERED FOR MEMBERSHIP (IF APPLICABLE)



225 Church Street NW
Huntsville, AL 35801

phone 256-535-2000
fax 256-535-2015

hsvchamber.org

- * Alabama Business Licence # _____
- * Federal Tax ID # _____
- * Company Name _____
- * Primary Local Executive & Title _____
- * Email Address _____
- * Accounts Payable Contact _____
- * Accounts Payable Email Address _____
- * Physical Address _____
- * Billing Address (if different) _____
- * Phone Number _____

Website Address _____

Year Business Established _____

- * Number of Employees in Madison County _____ full-time _____ part-time
- * Number of Attorneys/Physicians/Architects this company employs in Madison Co. _____
- * Number of Hotel/Motel/Apartments/Retirement Community Rooms in Madison Co. _____
- * Number of Real Estate Agents/Insurance Agents this company employs in Madison Co. _____
- * Number of restaurant seats _____

NAICS Code _____ SIC Code _____

Additional contacts with email addresses:

Email your Business Description (paragraph form) to Donna McCrary: dmccrary@hsvchamber.org

Annual investment: _____

Application fee: + \$25

TOTAL DUE: _____

Method of Payment: Check Cash Credit Card (see separate form for credit card payment)

- * Business is at least 51%:**
- Woman Owned
 - Minority Owned
 - Veteran Owned
 - Employee Owned
 - HUBZone
 - Alaskan Native Owned
 - Native American Owned
 - Service Disabled Veteran Owned
 - Foreign Owned
Country: _____
 - Exporter
 - Importer
 - SBA Certified 8(a)
 - 501(c)(3)
 - Disadvantaged Small Business
 - Disadvantaged Business Enterprise
 - None of the Above

- Areas of Interest:**
- Market Your Business
 - Networking
 - Sponsorship
 - Small Business
 - Government & Public Affairs
 - Continuing Education
 - Investing in the Community
 - Exclusive Member Savings

Should any payment of investment not clear, membership will be suspended until paid in full. The service charge for a returned check is \$25 – regardless of the amount of the check, or the reason that it was returned. For credit card or debit payments, a Payment Form must accompany this application. **Your membership will automatically renew annually until written notice has been received.**

The Huntsville/Madison County Chamber Board of Directors reserves the right to decline this application. The information about your company may be used for business referral or contact about a business-related activity.

Today's Date _____

* Member Signature _____ * Chamber Representative _____