

# 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](http://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](mailto: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 \_\_\_\_\_