



MEMBERSHIP APPLICATION

Please complete the following and all information highlighted with an “*” are required.

*Company Name: _____

*Contact Person: _____

Title: _____

*Email Address: _____

Local Executive: _____

Local Executive Email: _____

*Business Phone Number: _____

Business Fax Number: _____

*Business Street Address: _____

*City: _____ *State: _____ *Zip: _____

Company Website/Social Media: _____

*Type of Product/Service: _____

*Year Business Formed: _____ *Number of Full-Time Employees: _____

*Do you want to participate in the Chamber Gift Certificate Program? YES NO

Who recommended Chamber Membership? _____

*Person submitting this information: _____

*Please provide a brief description of your business/organization and/or/product/services:

2025 ANNUAL INVESTMENT (Based on Full-Time or Full-Time Equivalent (FTE) Employees)

# of Employees	# of Employees	# of Employees	Nonprofits/Utilities/Individuals
1-3	\$175.00	21-30	\$460.00
4-6	\$290.00	31-40	\$520.00
7-10	\$345.00	41-50	\$575.00
11-20	\$405.00	51-60	\$690.00
		61-70	\$810.00
		71-80	\$925.00
		81-90	\$1040.00
		91-100	\$1,155.00
			Nonprofit: (No Director) \$60.00
			Nonprofit With Director \$115.00
			Utilities (minimum) \$635.00
			Individual (minimum) \$60.00

Mail To: Jay County Chamber of Commerce, 118 South Meridian St., Suite A, Portland IN 47371

Email To: Membership@jaycountychamber.com