Scott County Chamber
Membership Application

Company Name: _____

Contact Name: _____ **Position:** _____

Physical Address: _____

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

Email: _____ **Website:** _____

Phone: _____ **# of Employees:** _____

Mailing Address: _____

Select Your Membership Tier

(See Membership Level Tiers and Benefits for details.)

Basic	Bronze	Silver	Gold	Platinum	Diamond
$200	$500	$1,000	$2,500	$5,000	$10,000
☐	☐	☐	☐	☐	☐

Please complete emails for all members to receive Chamber updates

NAME	EMAIL

The undersigned agrees to pay the membership investment listed above.The applicant agrees to abide by the Chamber bylaws, rules, and regulations, as well as operate in an honest and ethical manner. The applicant also agrees to communicate any changes in the business in regard to contact information, type of business and operational status.

_____
Business/Company Name (if applicable)

_____
Date

_____
Signature

_____
Title/Position